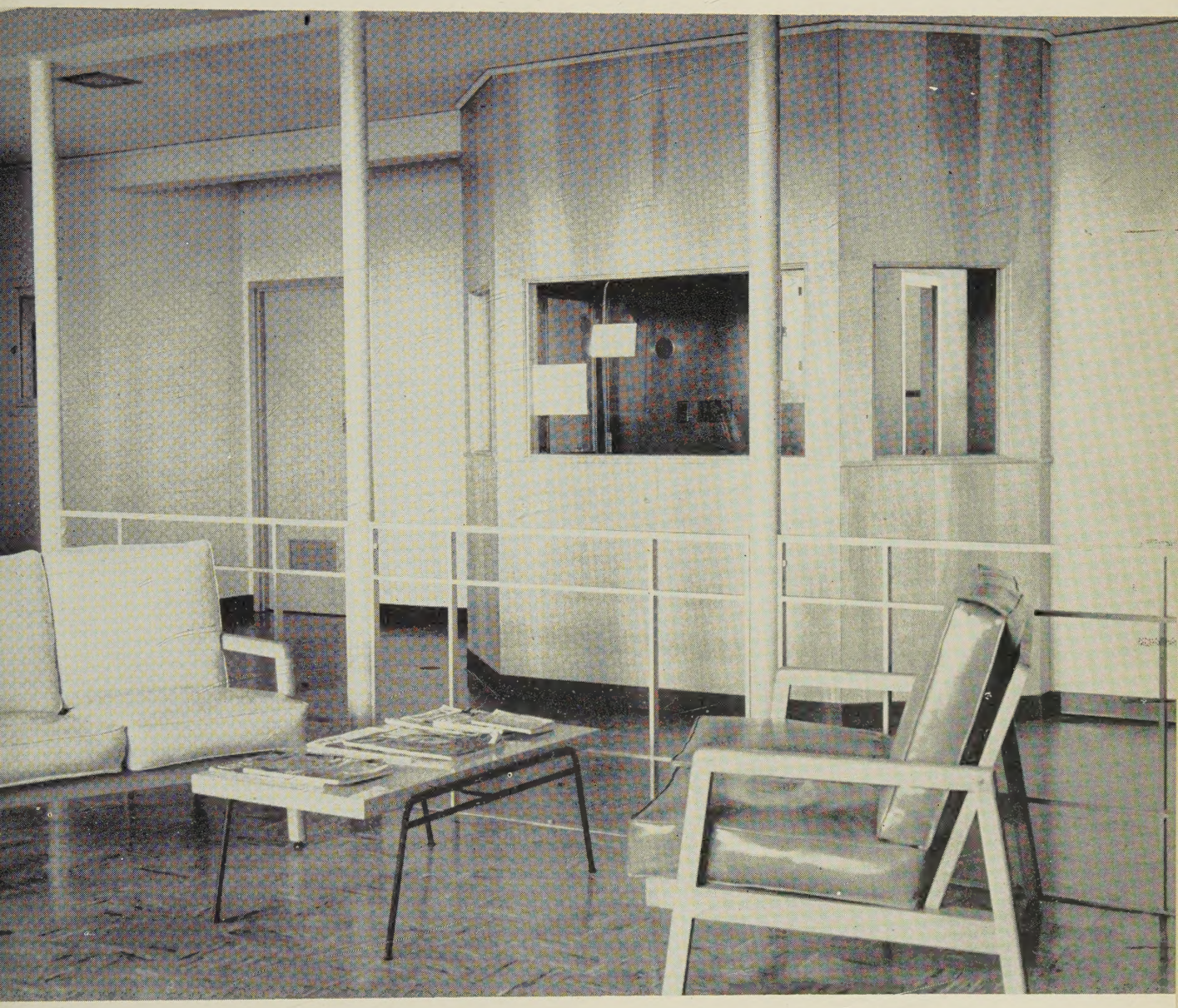
MENNONITE LIFE

July, 1954

Mental Health Issue



Day Room, Prairie View Hospital

Published in the interest
of the best
in the religious, social, and economic phases
of Mennonite culture

This Is It

With this issue we present to our readers our special mental health feature on which more than a score of interested and qualified writers have pooled their resources to give you a well-rounded picture of Mennonite development and present thinking in this great area of human need.

Ministers, educators, church workers, community and club leaders will want to exploit the many possibilities of using this issue for study, discussion, and reference.

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Mennonite Life

North Newton, Kansas

COVER

Day Room, Prairie View Hospital

Photograph by *Wichita Eag*

MENNONITE LIFE

An Illustrated Quarterly

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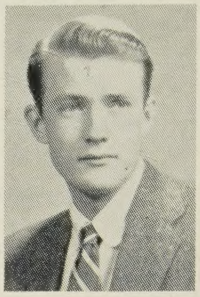
Due to the comprehensive feature, "Mennonites and Mental Health," in this issue, several excellent articles previously submitted and prepared for publication have had to be placed in our reserve file for our October issue. Beginning with the October issue the editor, C. Krahn, will be back at his desk with a rich fund of experiences and illustrative materials to share with the readers of MENNONITE LIFE.

ite Life is an illustrated Quarterly magazine published in January, April, July and October by Bethel College, North Newton, Kansas. l as second-class matter December 20, 1946, at the post office at North Newton, Kansas, under the Act of March 3, 1879.

Contributors in this Issue

(From left to right)



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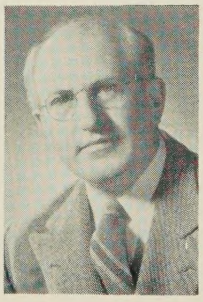
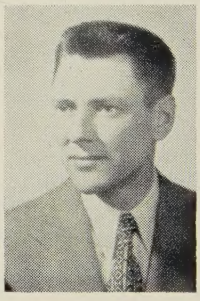
JACOB SUDERMANN of Extension Department, University of Indiana, presents Part II of his feature, "Providence" (p. 99).

Sectional Editors of Mental Health Feature

DELMAR STAHLY is director of the Mental Health Section of the Mennonite Central Committee, Akron, Pa. (p. 118).
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SHOWN IN TEXT

CHRIS A. BULLER is a pioneer farmer of Montana now living in retirement in Glendive, Montana (p. 110).

ACKNOWLEDGMENTS

Photography top P. 105, Don Franz. Photography bottom p. 105, top right and bottom p. 106 and p. 107 Don Royston; p. 108 Ken Hiebert. Drawing p. 109 Lois Duerksen. Photography pp. 124 and 125, *Wichita Eagle*. Cuts pp. 131, 134, 135, and 137, Department of Public Welfare, State of Ohio.

CORRECTION

On page 125 the figures relating to the service of I-W men should be changed to read,"... 197 institutions," and "The 2,138 now serving..."

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ey laid hold upon one Simon, . . . and on him they laid the cross . . ."

Providence

Part II.

BY JACOB SUDERMANN

SO my dear sons Rufus and Alexander: Greetings! So much has happned to me since I bade you farewell from the ship at Apollonia that I scarcely where to begin. I am sure the telling can never n the significance of these experiences that plumbed epths of tragedy and scored the ceiling of human iness. My eyes have been the witness of that which fiber of my body at first cried out against, yet now hich every pulse beat is an exclamation point for vibrant expectancy. I am still in such a state of al and physical excitement that my thoughts are dif- to marshall, my hand hard to steady. I feel this int to you will be good for me in the sense that it order my thinking and help me to a clearer under- ding of what I have just been through; you will also erved, for then you will understand why I am tem- rily delaying my return to Cyrene.

he trip to Caeserea had its exciting moments when of our steering oars smashed against some floating t to render us helpless in a sudden squall until a new ould be poked through the porthold. We had another moment when one of the chains, embracing the ship giant hoops, parted. There was great anxiety among over two hundred passengers until the break could ended. We all had visions of the planks parting and ng in the sea.

After waving my last farewell to you, imagine my sur- to find our good friend Demetrius the merchant, at side. We spent many hours on deck together. It is a ous fact that sooner or later any serious discussion ys ends on a religious topic, but, of course, most of vere Jerusalem bound because of religious motiva- Demetrius was much interested in our concept of idence as opposed to his Greek concept of fate. As ink back on these discussions, I marvel how little I y understood the viewpoint for which I argued, and netrius!—but I am getting ahead of my story.

Caeserea is a Roman military headquarters for the inistration of Judea and Samaria. It is a busy ort city—much military personnel in evidence. Our n cargo was for the occupation forces there. Demetrius I parted company soon after landing. He wanted to nd to some business before going on to Jerusalem, and nted to be sure to be there in time for the Pascal Sup- Together with a score of other Cyrenians, I took the nan highway that junctions with the Damascus road her inland and then leads directly to the Holy City. All the way down we were briefed on the glories and nor of this city by those who had been there before, and advised where to go and what to do. This conversation and our great yearning to see for ourselves made time fly. For the two nights intervening we sought shelter in villages along the road. The morning of the third day we were rounding the base of a small hill called Golgotha, to which I paid scant attention, for at the same moment the walls of Jerusalem blocked our view with that magic abruptness for which no traveler is ever prepared. We stood entranced before this turreted majesty and devoutly bowed our heads in thanksgiving. City of Jehovah! Holy ground for all the sons of Abraham! At last! At last! I had a feeling as if the Damascus Gate was reaching out to embrace us, children come home. I have a much more complete knowledge of the city by this time, but that small hill Golgotha, an obscure landmark hard by the Damascus Gate, will be forever the most hallowed spot on earth for me. This, my sons, will sound like blasphemy to you, but you must hear me out before you pass judgment.

The day we arrived the city was a bedlam. Of course, we had entered the market sector and should have expected this condition. Last minute preparations for the evening feast were everywhere in evidence; it was the day of the Pascal Supper, you know. The merchants were making the most of the occasion. I had come many furlongs, and across an ocean to worship here. The picture of commercial feverishness as an aspect of the Passover was, therefore, an unexpected and for the moment disappointing experience for me. These thoughts, however, were immediately pushed into the background when a man approached me smiling, extending his hand in greeting.

"You are a stranger here?" he asked.

"Why yes," I answered, surprised that anyone could know that just by looking at me. He laughed at my astonishment.

"We Jerusalemites have no difficulty recognizing the stranger among us. There are certain obvious characteristics of habit and expression among our colonial brothers that set them apart. Every year I come here to invite a few of you to my home for the Pascal Supper. Our family circle is small; we would appreciate your presence and that of your companions."

This turn of events was very reassuring after the first painful impression. We accepted the invitation gladly, promising to be at the given address at the proper time. As suddenly as our new acquaintance had appeared, he was gone, caught up by the crowd of bargainers surrounding the numerous merchant's stalls. No

doubt he was intent on making a few last minute purchases himself.

We, on our part, found a corner in an already overcrowded inn to clean up and otherwise prepare for the great celebration so long a part of our tradition. One of our party remarked how "lucky" we were to be invited to a private home. This remark recalled my argument with Demetrius. It was just what he would have said. A strange feeling came over me at this moment, a feeling as if someone had gripped my elbow and was propelling me purposefully. This sensation has stayed with me since that moment. I am not fighting it, for it is impelling me to act and think in a way I have wanted to all my life, before this trip in a groping way, now with assurance and clarity. But I must keep to sequence in my story so that the end will seem more reasonable to you.

The home we had been invited to proved to be that of a prominent Pharisee by name of Nicodemus. He was very gracious and evidenced much interest in the Jewish community at Cyrene. He was also well informed otherwise. We made use of the occasion to ask about the political situation under the Romans. It seems there is much popular discontent, even open rebellion, but the Romans are too strong for any success in this department. He also told of a remarkable public demonstration on the day after the last Sabbath when a self-appointed reformer, who had stirred up not a little speculation and of late had become a very controversial figure, rode into Jerusalem in the manner of ancient kings of Judah and was acclaimed king, against his will, with much palm waving.

At this point our host suddenly asked a queer question. It was entirely irrelevant to his story, at least, it seemed to be so at the time.

"Sirs," he said, "What does it mean to be born again?" We looked at each other open mouthed, not knowing what to say. I noticed a subtle change in the Pharisees' whole attitude, a troubled expression on his face, a feverish glint in his eyes. A servant came in to announce the serving of the ceremonial Supper. This interruption transformed our host to his former genial self. He proceeded to lead us to our places at the festive board. The strange question he had posed was pushed back into subconscious recesses of our minds as we focused on the solemnity of the celebration.

My sons, we have a marvelous heritage of religious traditions. Now that we have become politically impotent as a nation, these traditions have even more value. As you know they are based on great experiences of our forefathers, truly deserving of being remembered. Just to keep alive the memory of these experiences has some value for us, but, my sons, we must also recapture some measure of their original spiritual value in our own hearts, so that the shell of observance has within it the pulsebeat of life. This is something I am just learning for myself in a new way.

It is very difficult to express such truths in a way that our materialistically oriented minds can get a grip on them. I am dealing here with more than a nebulous value. It is my anxious desire that you, my sons, shall be able to give a clearer witness along these lines than I have given you in the past, but I can now say with confidence, I have made much progress in spiritual matters these last few days, much progress.

After we were all comfortably couched beside the banquet table, the Pascal Lamb exposed before us on its silver platter, flanked by the unleavened bread and the bitter herb on either side, Nicodemus began reciting the history we all know so well of that unforgettable night when the Angel of the Lord brought death to the first born of Egypt to force the door of bondage, and when the life of a lamb was the ransom that paid for the lives of our own sons.

At this point in the story our host turned to us. "Brothers," he said, "it is significant that our religious ceremonies always stress the principle of substitution, the principle of innocent life for the salvation of the guilty. As you know this salvation can effect only that part of our nature which is spiritual; physically we continue to die as before, but the life of an innocent lamb, offered in faith and sincerity can purchase us the good will of Jehovah, another way of saying, can save us from spiritual death."

Our host paused; because of his position at the head of the table, we could observe him very well. His eyes had become reflective; as if he had drawn a veil over them; they were wide open, but were focusing on something that had no relation to the physical objects they were still mirroring. I noticed the same puzzled frown on his face that earlier accompanied the question of the second birth. He was speaking again:

"Brothers, our first born were not saved by the observance of the ritual, the killing of the lambs and the painting of the door frames with their blood. These two acts were only the visible manifestation of a truth that is really very obvious but just for that reason largely overlooked. It was the death of the innocent creature that mattered. This death was atoning. Except for it the Angel of the Lord could not have distinguished between the first born of Egypt and our own. No other blood would have been acceptable, even if the whole house had been colored with it.

It follows, brothers, that eternal life, of which this intends to remind us, or call it spiritual health if you wish, cannot be bought by good deeds but only by a physical death that is not the result of guilt. Our first born in effect were saved for this life because they had become new creatures in the sight of Jehovah. They were reborn into His favor. Except for this fact, they would have perished with the Egyptians. There seems to be a spiritual law that guiltless death must precede spiritual salvation. It is my fear that we have all along put too much reliance on good works to effect this. "

Nicodemus was seeing us again. Our puzzled stares did not disconcert him. He smiled apologetically.

"You must forgive me, brothers; I have recently been ggling with the idea of the atoning death in relation ny belief in eternal life. The principle is beyond any bt correct, but what seems incomprehensible is the of the animal for such a lofty purpose. I am con-ed of the validity of the principle, but the practical lication seems so absurd, so out of keeping. I feel there n answer that is escaping me; I am groping for it. haps the practice of this ritual will sometime reveal o us. Although I no longer believe in the saving value t, the recollection of the historical it involves makes worthwhile exercise. Let us proceed with the meal."

The Supper took its solemn course. The words of our t had disturbed us. We were all partaking of the ıb and bread on a good works basis. Atonement? yes, word was familiar enough, so familiar that it con-ed scarcely any meaning at all. How could the death this guiltless creature have changed us into spiritually eptable men before God, if all our works were unable do so? Yet the principle was so logical. In the light of law and Holy Writings it did make good sense.

At the end of the Supper we sang the usual psalms. is exercise was interrupted when a servant ushered an officer of the civil police. The man seemed to be y agitated and in a hurry. He made his way straight our host and whispered his information. I saw Nicode-ıs turn pale. Greatly agitated he rose from his couch.

"Brothers," he said, "I have a summons to attend a eting of our Sanhedrin. It has been a pleasure to share s exprience with you."

Having said this, he strode quickly from the room, ɔulders squared, eyes flashing determination.

"One of the Sanhedrin!" my neighbor whispered to , eyebrows raised significantly. "A peculiar character t definitely stature there, don't you think?"

I nodded absentmindedly; I was thinking of our host's mark concerning the first born of Israel, trying to match is with his earlier question—*What does it mean to be rn again?* In a way he had answered the question him-lf, I reflected. If the atoning death changed man in the ght of God, this was a sort of rebirth, a transforming ocess into a new creature. But the object of the sacrifice elf seemed so insignificant for such a big result. I reed with the Pharisee there. Could it be that the ıughter of all these uncounted numbers of innocent ani-als, going on since the days of Abraham was perhaps ly a symbol for a more significant sacrifice? and what ıs that?

It was my time to frown, now that I had stumbled my host's problem. My previous feeling of the pres-ce of an invisible force leading me returned stronger an ever as I left the home of the Pharisee and walked t into the night with my companions to seek out our n.

Activity on the streets awoke me the next morning. I ɔndered at this exceptional morning traffic, tried to go sleep again, but a strange restlessness that I could not explain to myself made further sleep impossible. This was the preparation day for the Sabbath, I reminded myself. People were apparently losing no time. My companions of the previous evening were also stirring. Several complained sleepily at all the disturbance, tried to ignore it, but they also gave up and began dressing.

As I had quite a start on them, I decided to kill some time by taking a walk. The public room of the inn seemed rather deserted, but then it was still early. Crossing the dining hall, I stepped through its doorway out into the street that finally leads to the Damascus Gate on the north side. On my right the Herodian Palace, on its promontory, was reflecting the morning sun just topping the dominant peak of the Mount of Olives. The marble facade of the great building and the towers flanking it were bathed in the soft rose glow of this reflection. The Temple to Appollo in Cyrene is beautiful too, my sons, but Herod's palace puts it in the shade.

To my surprise the streets were alive with people. This was the source of all the noise that had awakened us this morning. They passed me in groups, discussing something earnestly. What was all the excitement about? Perhaps a fire somewhere? I tried to catch the drift of the conversation. Another group was just passing me; I listened for some cue:

"Well, they finally got him!"

"Yes, at night when we were not around to protect him, and when we were occupied with observing the Pascal Supper!" The voice expressed outrage.

"Where did you say?"

"In the garden of Gethsemane."

"And just a few days ago we offered him the crown of Judah!"

"Frankly, I don't understand him; he disappointed me that day."

"How did they ever lay their hands on him?"

"They say, he was betrayed by one of his own men."

You can imagine my sons, how my curiosity was aroused. Before I knew it, I was following the general flow of pedestrians in the direction of the Palace. I caught a man by the elbow.

"Tell me sir, what's all the excitement about this morning?"

"Haven't you heard?" He gave me a surprised look.

"Stranger, aren't you?"

"From Cyrene," I said. He nodded.

"Character by the name of Jesus, from Nazareth."

"I have heard about him," I nodded, remembering Nicodemus' reference to him at the Pascal Supper. "What about him?"

"Lately he has been challenging the authority of the Chief Rulers so positively that they are trying to do away with him. If you ask me, I think they are afraid of him because of the people. But he missed his chance for their support a few days ago. They would have crowned him that day if he had permitted it. Now I don't know;

if the Chief Priests can swing the support of the people in their favor, he is done for."

"What is his attraction for the people," I asked.

"He has them thinking he is Elijah returned or another great prophet. Some even believe he might be the Messiah."

"Messiah?" I gasped; "That's quite an assertion, and they believe that?"

"Well, if you had been around this past year, you would have seen some remarkable things. The way I figure it, he either is or is not; this is showdown day. Before nightfall we will have the answer."

This information was astonishing. I allowed myself to be carried along by the crowd that was now pushing me forward. It would have been very difficult to struggle against this swift flow of humanity. One could feel the mounting tension, also the emotional force that tended to destroy rational objectivity and was rapidly changing this crowd into a mob. If I had not been a stranger to Jerusalem, I do not know whether I could have withstood this emotional force. Being ignorant of all the factors involved here, I was almost impervious to it.

Forward movement had stopped now. I have never been in such a closely packed crowd before. The prisoner had evidently been brought before Pilate for the final approval of the sentence already given by the Sanhedrin. The latter must have been up all night, I reflected, thinking of our host Nicodemus. A speaker had mounted the Palace steps in full view of the crowd, a Temple dignitary, judging from his clothing. The crowd was shouting at him:

"Why, why?" in a mounting chant. He raised his hand to speak, but they drowned him out every time he began. The "Why? why?" became deafening. He shouted something. The first ranks caught it, twisted it into a question and hurled the original statement back at him, their tone was incredulous:

"He is a blasphemer? a blasphemer?" the question rolled back, until the whole crowd was asking it. Then there were individual cries of "No! No!" The denial became an angry roar until the word itself lost its identity.

Roman soldiers now issued from the various doors of the Palace. They took positions up and down the ramp of marble steps. A detail of them tried to remove the speaker, but the clamor from the crowd that now clearly evidenced hatred made them desist. The cry "Why? why?" was raised again. The speaker cupped his hands: "He claims to be the Son of God!"

My sons, words cannot describe the scene that followed adequately. I felt like I had received a body blow that had driven all the air out of me. My gasp of surprise mingled with that of the crowd. The implications of that statement were simply too tremendous to assimilate all at once. The silence was deafening. It was as if a smothering blanket had suddenly been thrown over us all. The speaker utilized this moment to drive home another statement.

"Well, if he is, let him prove it, now! today! Who could ever crucify the Christ?"

"That's right citizens," a voice with carrying power chimed in from the midst of the people, "we have waited long enough. If he can't deliver himself from the cross, he is an imposter. Give him to us. Crucify him!"

The delicate balance of the collective mind of that mob needed only this little push to swing it to the opposite pole. There was a ripple of "Yes! Yes!" It grew by the second until the whole mass was leavened by this assent. Here was a promise for decision that captured their imagination. They would force the truth. It was only a matter of a few moments until this line of thinking was accepted by all of them. The cries of "Crucify him! Crucify him!" rent the air in ever increasing volume, in which the long smouldering hate for Roman tyranny mingled with the still older outraged national pride and the great Messianic hope, producing a reaction that would continue to balloon until the issue was decided.

I was just a spectator, my sons. I could not share this complete capitulation to feeling because I had no experience relative to the man called Jesus. But in retrospect, now that my knowledge has increased, I can understand that scene and do not blame the crowd. The temptation to make an end of uncertainty overwhelmed them. They had their way. The Roman Procurator made one more attempt to save the man by offering a substitute, a hardened criminal named Barrabas, eminently guilty and deserving of death. The mob would not be sidetracked.

Declaring the Nazarene guiltless, the Roman, nevertheless bound him over to civil justice. This is a point, my sons, that I do not wish you to miss. The Roman court could not find any justification for sentencing the prisoner to death or even to keep him in custody. I made up my mind at this point to see the thing through. This Nazarene, I had to get a close look at him. Once more that compelling force I have mentioned before took possession of my will. I had to see him.

I met him face to face. I had decided there was no chance of forcing my way to him, so I circled the crowd and hurried to the Damascus Gate, where I knew he must pass. He came, flanked by two files of Roman legionaries. There were two others beside him also carrying their own cross; he walked between them. The contrast of the hardened criminal faces of the other two with his own suffering but guiltfree forehead and eyes was too startling for anyone to miss.

Blood was trickling down his pale cheeks like great red tears. Some jokester had placed a crown of thorns upon his head and crushed it down into his scalp to make it stick. His bare legs were discolored with scourge welts. He looked utterly exhausted. I felt strangely moved. Why should I, Shimon of Cyrene be distressed by the plight of this man? What was he to me? Well, I had seen him; I had no stomach for watching the actual execution. I endeavored to force my way into the press of

anity for which the Damascus Gate was proving to be stricting bottleneck. I heard a Roman curse loudly, the sharp snap of a whip against human flesh, and gonized groan of utter spentness. It went through me a knife. The Nazarene had fallen to his knees. His s pinned him down. He was unable to raise it again.

"You there!" I felt hands of the crowd pushing me out ıy retreat.

"You there!" I looked up. The Roman centurion was ressing me.

"Get under that cross and carry it for him!" I could believe my ears. Panic gripped me. I tried to force back into that encircling wall of human flesh that ld not give. Strong arms seized me and roughly com-ed me to take up the Nazarene's burden.

The incredible had happened. I was carrying the con-ıned man's cross, I your father, who had come to Je-ılem from Cyrene to worship Jehovah in His Holy ctuary, had become a principal actor in a drama of k injustice. My soul rebelled being forced to be party t.

The Nazarene had risen to his feet. Not a few of the men in the crowd were giving vent to their com-sion. (Blessed be the women; Our men are seem-ly losing this most important of all emotions.) At the te to the wall he stopped and addressed them. His ce was calm; its expression an utter gentleness that ted of no bitterness or sense of outrage against his mentors.

"Daughters of Jerusalem, weep not for me but for ırselves and your children."

"Strange," I thought under my burden, "why should he y that?" Then he walked through the gate beside me. e were close together.

"Shimon of Cyrene, I thank you."

You can imagine how surprised I was when he ad-essed me by name, a total stranger to me. I stumbled d would have fallen if he had not caught my arm, so eat was my astonishment.

"Sir," I said, "we have never met before, and yet you ow me by name?" My position under the weight of e cross made it impossible for me to see his face. I could ly see his feet and hear his voice.

"All men are known to me, Shimon, for I come from e cradle of life."

"Sir, you speak in riddles. Who are you?"

"You have a right to know, for you are carrying my oss against your will. I honor your honesty and sense of stice. For this your eyes shall be opened before the day spent, and through you your sons Rufus and Alexander all also discover my identity."

We had reached the place called Calvary. My senses ere numbed. I was like a man in a trance. They took the oss from me. I scarcely noticed relief from its weight. ne mention of your names, my sons, was even more rprising to me than the mention of my own. How could have known these things? There was no human explanation for it. I began to feel an emotion akin to that of the crowd. If the super-natural was represented in this man, if this was the Messiah (I hardly dared to think the thought), then we were all witnessing a visitation of Divinity. This is what our people had been praying, weeping and suffering for. This was it! I wanted to shout:

"Don't crucify Him! Don't crucify our Messiah!" But the words stuck in my throat. How could man crucify Divinity?

The crosses had been raised. Through the mental haze of my shocked condition I felt the jar of the three thuds as the cross posts were dropped into readied holes. I lost all sense of passage of time. The sun had gradually lost its brightness as if an opaque object had interposed itself between it and the earth. A strange darkness settled around us, unusual for this time of day and ominous.

"Eli, Eli lama sabachthani!" The cry struck to the very marrow of my bones. I shall never forget it. It sounded like it was wrenched from His lips against His will. "How can God forsake himself," I thought at the time. I shook my head sadly; this could not be the Messiah.

Jeers came from every side, not from the people, my sons, but from the chief priests and elders. This fact dawned on me later. Nowhere did I see any of the people allowing themselves remarks of ridicule, or scorn, for this man was one of them. They just stood there open mouthed waiting for the miracle that wouldn't come, a remarkable descent from the cross perhaps. This is the way the people must have surrounded Elijah's altar on Mt. Carmel when the great decision was to be made on the true God. Some of them near me said, half fearfully:

"He is calling for Elias!" Others:

"Let's see if Elias will come down to save him! He saved others, now let him save himself! He spoke of destroying the Temple and rebuilding it in three days! Well, let's see now. If you are the son of God, come down from the cross!" This jeering crackled like rapidly growing fire, gained confidence, leaping for the final destruction. It did not come from the people of whom he was one.

An old patriarch standing near me plead with tears streaming down his wrinkled face for the figure on the cross to come down; there was no mockery in his voice, only the thirsting, fervent desire that this might at last be the Messiah and still feeling, because of all appearances, that after all He was not, knowing that if He was not the one, he would never live to see the day of salvation come. This old man's hopes and fears were symbolic of those inarticulate thousands who did not scoff and jeer.

Then the first shock came. It was like a clap of thunder, absorbing at the same instant a last cry from the man on the cross. I knew what it was immediately, having had similar experiences in Cyrene. I threw myself on the ground for protection. The earth shook, rumbled and heaved beneath me like a mighty colossus in labor. Later,

I learned that the veil of the Temple had torn from top to bottom in this same interval, as if the residence of God among us wished to show its sorrow.

The shocks lasted only a few moments. When they were over, I rose shakily to my feet. Others followed my example. The centurion in charge of the execution was on his knees in front of the Nazarene's cross. The man Jesus was dead. I could scarcely credit my ears, but the Roman was repeating over and over again:

"Truly this man was the Son of God!" There was not enough heart left in anyone to contradict him. The people of whom the Nazarene had been one stood like leaderless sheep, beating their breasts in hopeless despair. For them this was the end of hope. They began to disperse. I could not share their absolute feeling of defeat. The definite promise I had received from this man on the cross and the words of the centurion stirred strangely within me.

A man walked past at this moment. I recognized him immediately. It was our host of the evening before, Nicodemus. Strangely enough, he was smiling and nodding to himself, completely oblivious to his surroundings. As he passed me slowly, I caught the words, "atonement—the Pascal Lamb. I understand now; Lord I understand . . . You must be born again. How simple, how beautifully simple. God offers himself, the atoning death. How wonderfully simple. His blood interposes itself and protects us from the wrath that justice inspires, makes us acceptable in His sight because it changes our nature. How wonderful! I believe; Lord, I believe. You were the suffering servant, the Lamb that stood dumb before its shearers, the Pascal Lamb!"

Before the cross Nicodemus stopped in silent attitude of worship. Another man joined him there, put his arm about him. I heard the name Joseph. This one pointed toward the city. Nicodemus nodded. Together they walked rapidly from the scene as if motivated by some urgent purpose. I watched them till they disappeared through the Damascus Gate.

I felt as if the torch of understanding had been handed me by the departing Pharisee. I stood with a new feeling of wonder and awe in the presence of that figure hanging limply on its cross. One question still bothered me. It was so absolutely dead that figure on the cross. How could it represent the eternal God? I was not a theologian like Nicodemus. I was just a man of the people. Like them I would have returned to Jerusalem to forget all this if it had not been for the fact that I had borne that cross on which it hung.

Someone touched my elbow. I looked up into the eyes of my friend Demetrius whom I had left behind in Ceaserea. His eyes were serious. I judged he had seen the whole thing.

"If," he nodded towards the Nazarene's slack body, "he is what he claims to be, you win, Shimon." The present tense of his statement and also the meaning of it puzzled me.

"What do you mean?" I asked.

"We had an argument concerning providence and fate, remember?"

I nodded understanding. I recalled how he had said on the boat that nothing less than a Divine visitation he could measure with his senses in terms of time and space could convince him of the truth of my providence concept.

"But why do you use the present tense, Demetrius? He was and he claimed." I indicated the corpse with a gesture of my head.

"God is spirit, Shimon; you ought to know that. This might just be a discarded shell that was needed to accomplish a purpose. Who can kill God? Appearances do not always add up to truth, but the truth can never be hid long. We shall see, Shimon; we shall see."

My sons it is now the end of the Passover season. Every additional day confirms what I am about to reveal to you. Four days after the scene I described above, remarkable rumors began to spread through Jerusalem. Demetrius made me aware of them. He had heard strange things regarding the man from Nazareth and was very excited. Roman headquarters was hush, hush on the subject, but we learned by diligent inquiry from some Roman soldiers who had stood guard there that the official seal on His tomb was broken, and that the massive stone was rolled away. The tomb itself was empty.

The implication of an empty tomb, my sons, will be abundantly clear to you when I add to this letter the greeting of a growing band of believers who address each other with the salutation, "He is risen!"

Paul Bunyan

BY WARREN KLIEWER

Soon this forest will be no more
A congregation of the trees
To hear a last benediction,
The whispering vespers of the breeze.

They tell you I was strong and bold,
And felled whole forests in a day;
Don't believe them, I dropped more tears
Than trunks. Now tears are in the way,

For at my back I hear the mouths
Of hungry men: the men this land
And time will stuff with corn and beef
When I have cleared it with my hand.

But wait! An oriole has stopped
On a branch, a black and orange patch,
A quivering life against green life.
Oh, let me drop my axe and watch.

Franz General Shop on the Bethel College campus houses the theoretical and practical phases of industrial arts.

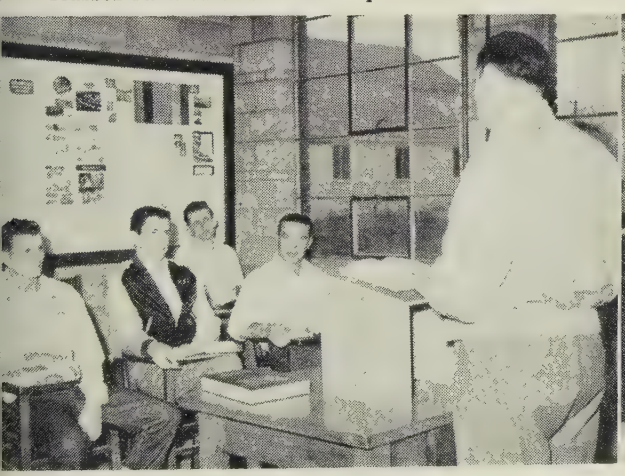
Industrial Arts in a Mennonite College

BY P. R. KAUFMAN AND MENNO STUCKY

INCE Mennonites have so often been a pioneering people they have of necessity been users of tools to fashion wood and sometimes metal in order to build r homes and cultivate their fields. In Russia their with tools and their need for implements led to the tion of industrial enterprises devoted to the manufac- of tools and farm equipment. In the great migration he prairie states and provinces in the last century nonites showed their facility in manual skills by erecting their homes and their churches, and fashioning such implements and utensils as now may be seen in our museums.

Today the largest vocational groups among the Mennonites are farmers and followers of the building trades—all of them users of tools and craftsmen of varying degrees of skill. Industrial arts in a Mennonite school is thus a "natural." Here is a "practical" aspect of education. Industrial arts may not only increase a person's earning

Classes such as these in theory of industrial arts and engineering drawing are basic to laboratory courses.



With the universal use of automobiles and tractors classes in engine and carburator overhaul are popular.

potential in enabling him to be a better farmer, mechanic, carpenter, or truck driver; it may also add immeasurably to a person's opportunity for creative expression.

Bethel College has offered some work in industrial arts since 1921 when it was first taught in the academy. In 1925 it was first introduced in the college. From the administration building where they were first taught, the industrial arts courses were later moved to the basement floor of the Science Hall. Until 1938 industrial arts courses included various offerings in woodworking and drawing but in that year a course in metalworking was also added. The great changes in industrial material used in the fabrication of modern machines and equipment demanded that college industrial arts keep abreast of modern industrial materials and methods.

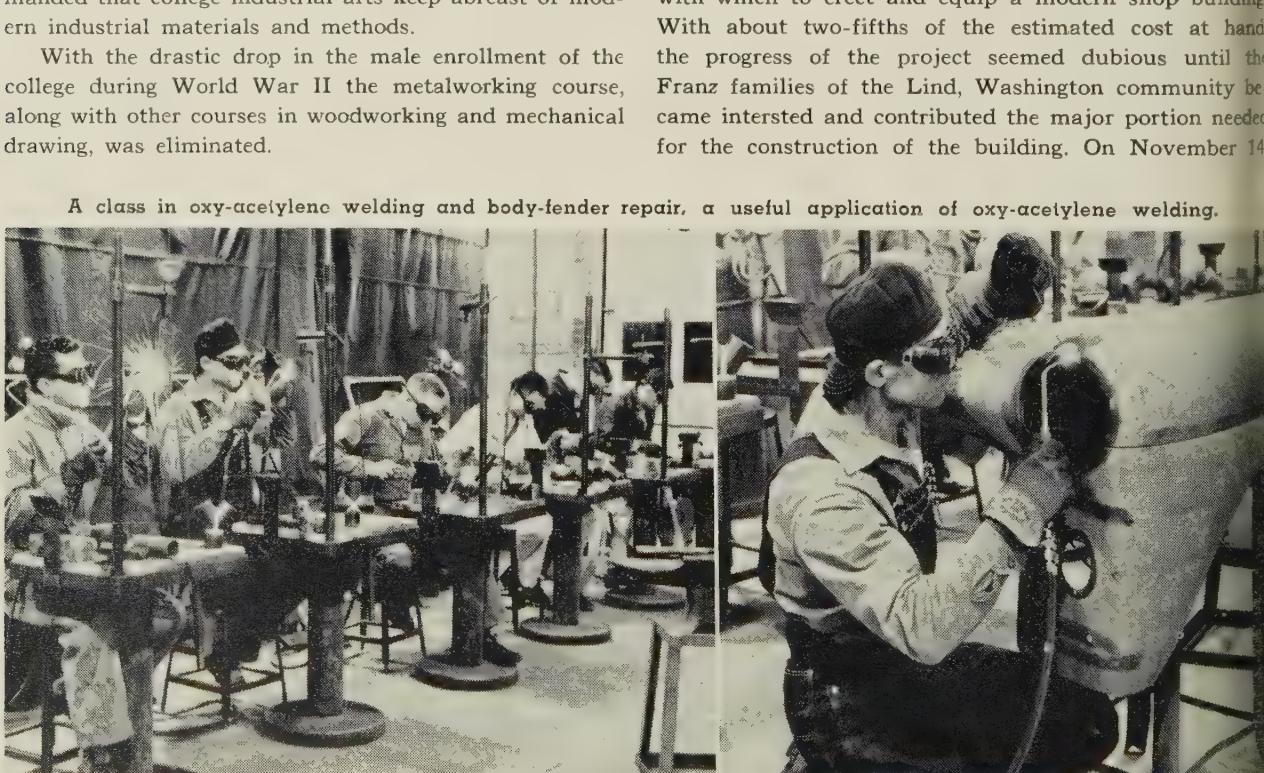
With the drastic drop in the male enrollment of the college during World War II the metalworking course, along with other courses in woodworking and mechanical drawing, was eliminated.

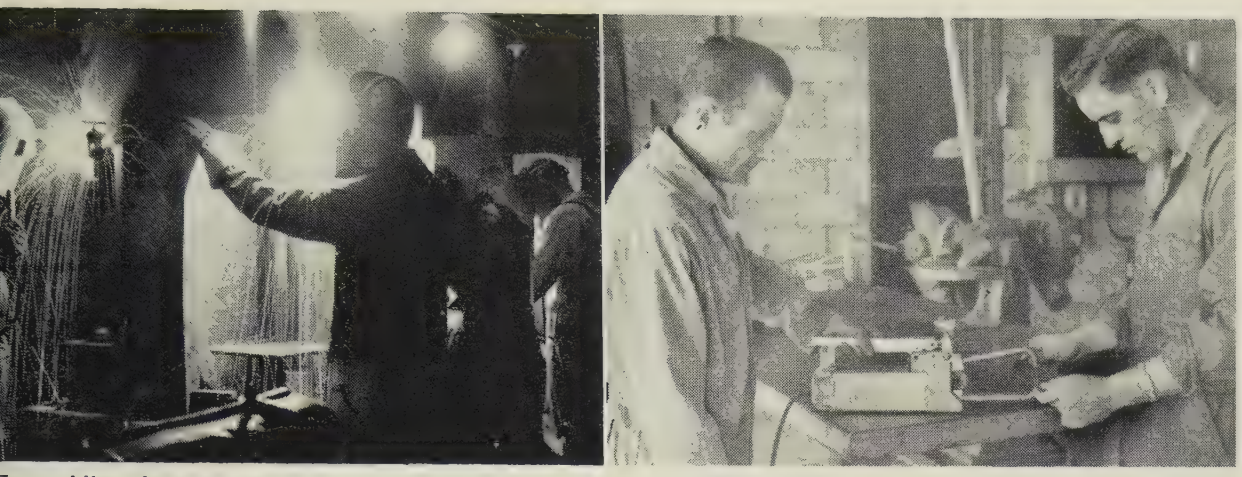
After the war the men from the armed services and civilian public service saw the need to continue their education. Being older and more mature, these men saw a need for more practical and applied vocational training the purely liberal arts courses did not satisfy this demand.

Mennonite farmers were also seeing the need for more mechanical training in order to operate and more efficiently maintain their modern mechanical farm equipment. Many saw the advantage of welding equipment for fabrication and maintenance.

Sensing the trend and desire among students, prospective students, and farmers of the constituency the administration launched a campaign to raise funds with which to erect and equip a modern shop building. With about two-fifths of the estimated cost at hand the progress of the project seemed dubious until the Franz families of the Lind, Washington community became intersted and contributed the major portion needed for the construction of the building. On November 14

A class in oxy-acetylene welding and body-fender repair, a useful application of oxy-acetylene welding.





Arc-welding, largest division in the department, and resistance welding, used primarily with light sheet metal.

, during the sessions of the Rural Life Conference, building was dedicated and called the "Franz General o."

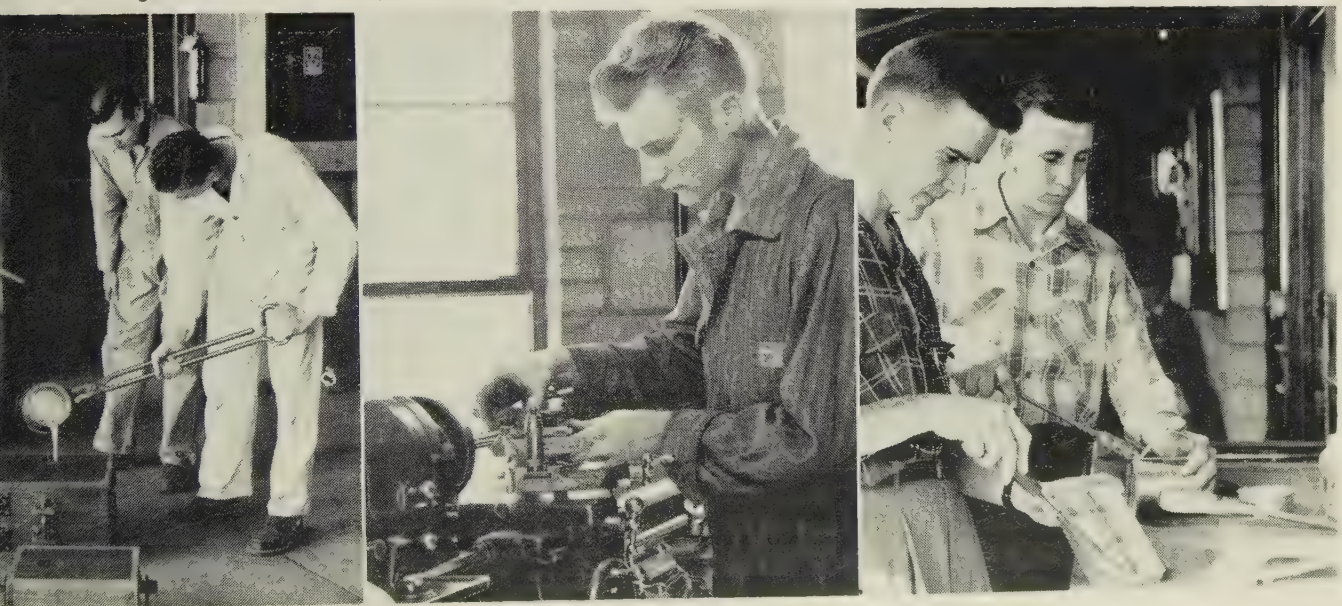
The building, of brick fireproof construction, is forty- feet wide and one hundred thirty-two feet long and stitutes an addition to the east side of the original ting plant. Housed in this building is equipment and oratories for courses in general metalworking, welding, ndry, automobile engine mechanics, practical electric- farm mechanics, general woodworking, carpentry, niture making and various mechanical drawing rses. In all a total of twenty-five courses are offered vhich engineering drawing is the basic course.

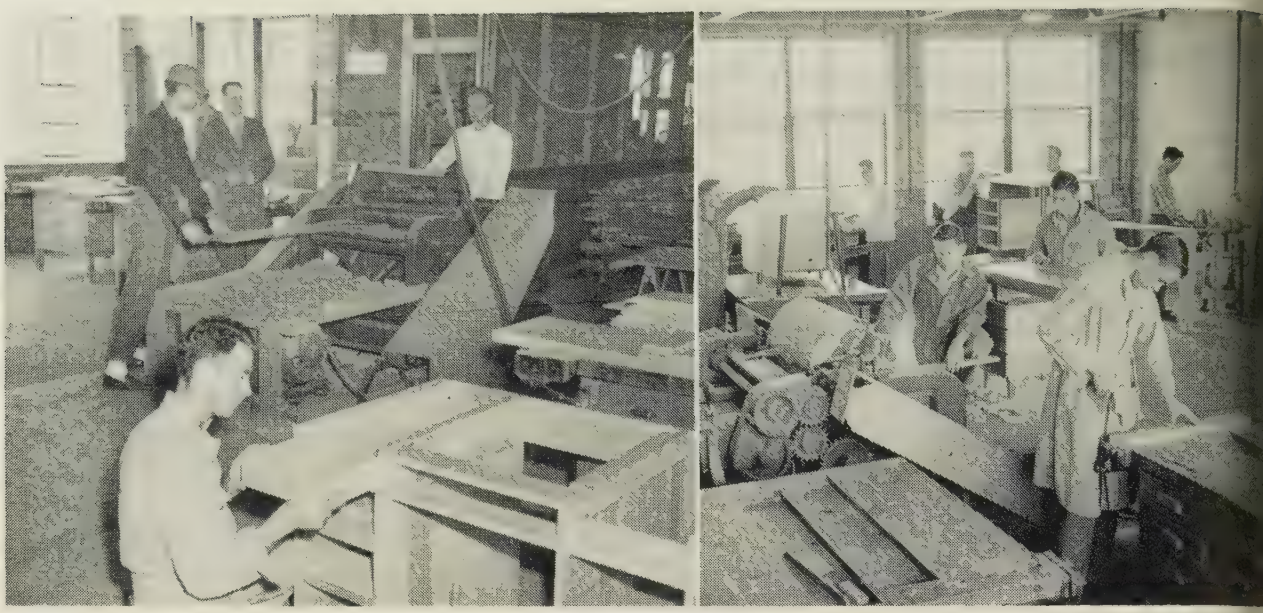
The industrial arts program is recognized as a defe segment of general education, based on values ieved principally from activity and study of materials. phasis is being placed upon exploration and partici- ion rather than upon skill and efficiency. This current ception of industrial arts in education is probably an growth of the Swedish Sloyd system developed by o Solomon in 1877. The term "Sloyd" is of Swedish origin and indicates a system of elementary manual training, beginning with single tool operations and gradually progressing to the more difficult tool and machine operations. Otto Solomon advocated that educational sloyd should have no place in the schools unless it could contribute to the main purpose of the school, which is general education. Thus this system was developed with a threefold purpose in mind: making useful objects, analysis and processes, and educational method.

In the curriculum of the liberal arts college the Bethel College industrial arts department belongs to the applied arts division. The aims and objectives listed under the applied arts division definitely apply to the industrial arts department in that they

1. Develop interest in and offer first hand knowledge of the practical world.
2. Develop the body to the end that each individual may live at the highest possible level.
3. Develop a love for the orderly and systematic procedures in the performance of any task.
4. Develop skills and activities and favorable atti-

Pouring metal in the foundry, the ever-useful metal lathe, and soldering in sheet metal construction.





Members of classes in machine woodworking design and construct useful items for the home.

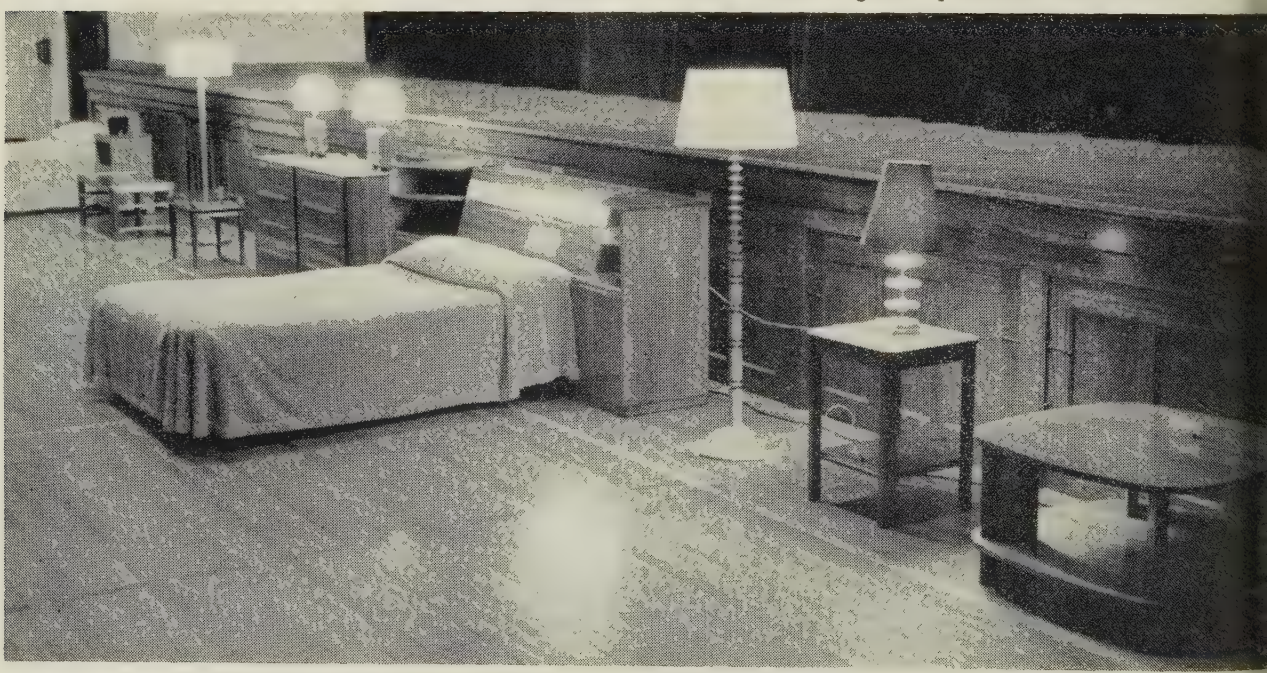
tudes toward play and the arts that will carry over and function during leisure time.

5. Emphasize the dignity of labor and teach respect for the worker.

In 1949 adult classes in industrial vocational education were introduced. Evening classes in welding have been very popular with farmers and other individuals of the local and surrounding communities. Other evening classes introduced which provide vocational preparation are electrical wiring and automotive engine mechanics. Evening classes have been a privilege for our regular students and many have availed themselves of the opportunity. Mechanical engineering students have in the past five years been able to obtain many applied laboratory courses in this shop during their first two years of college along with the pre-engineering background in mathematics, physics, etc. previously offered here.

The instructors, P. R. Kaufman and Menno Stucky believe in the "learning by doing" theory, feeling that the practical experience gained through these vocational courses is a great advantage to prospective teachers as well as those going directly into an occupation.

An exhibit for the woodworking department demonstrates the range of possibilities offered.



Moments With the Children

Escaping from Our Enemies

BY WALTER GERING

r boys and girls:

The other day we were out in the pasture looking at e cows. Suddeny a rabbit jumped out of the weeds ran for a wood pile as fast as his little legs could y him. After him dashed a dog which had been run- g around after us. But he was too slow for the rab- It was gone before he could even begin to catch it.

How strange it is that everything in life seems to e its enemies! The same dog that tried to catch the e rabbit almost got into trouble. There was an old with long pointed horns; when she saw the dog she de a dash after him, ready to ram him with her long ns. You should have seen that dog scurry for safety.

The whole world seems to be trying to escape its mies. Sometimes when I sit by my study window and k out I see an old cat steathily sneaking around the ner. I know at once what she is after. The other day aw her climbing a tree. She was trying to catch a bird her noon meal; and unless the little birds are on their rd she catches them.

The thing that amazes me is the wonderful way in ich God has given His little creatures a way of pro- ting themselves. Take fish for an example. God made fish in a way that it seems they cannot protect them- ves. But if you will take a fish and look at it from bottom you will discover that it is usually white derneath. There is a reason for that. The fish has emies in the water and so God made the fish white derneath in order that its enemies in the water will t be able to see it when it rises to the top of the water. Other fish are colored grey or a mixture of green on . That is to protect them as they sink to the bottom the water. As they rest among the rocks and sand they k so much like the rocks that they are scarcely seen. Another fish has a strange protection; when is attacked it shoots out a black, inky substance like a oke screen. While the enemy is trying to find it the h escapes. I was reading of a man who saw a peculiar le fish on the edge of the sea shore. He hurried over see it; but the little fish bored a hole into the sand d disappeared. When he stooped down to look into the le a squirt of water and sand came up right into his es. God made that fish so that it might protect itself m its enemies.

You and I also have our enemies. We have one enemy —Satan—who is always trying to do us harm. He is always trying to get us to fall into sin and trouble. And just as God has given every creature a protection from its enemies, so He has given us a means of protection. He gave us the Lord Jesus Christ and when we rush to Him we are safe. You remember that dog in the pasture who ran for safety when the cow with the long horns started after him? Do you know where he ran? He did not run out into the open pasture—no sir, he ran for his master and tried to hide behind him. He knew he was safe there. When the old cow saw him hiding behind the master she stopped and finally went away.

God wants us to do similar thing. He wants us to flee to the Lord Jesus whenever we are in trouble. He wants us to give our hearts and lives to Him in simple faith. Then when Satan tries to harm us we are safe. Jesus wants us to stay close to Him; then He will protect us.

The Lord is my light and my salvation;
Whom shall I fear,
In the time of trouble
He shall hide me. Ps. 27

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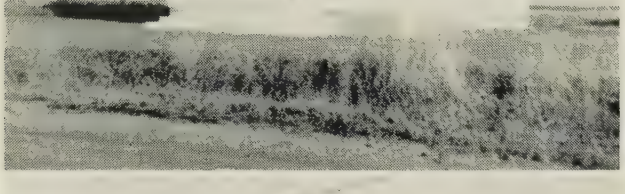


(Top, upper) The Red Top Mennonite Church built in 1936 and remodeled in 1952. Elmer Borntrager is the pastor of this congregation. (Top, lower) The Little White Chapel, in West Glendive as remodeled in 1952. L. A. Kauffman is the pastor of this congregation, organized in 1951.

Church and Fireside

(Bottom, left) This home of Andrew B. Richert on the Montana prairies is eloquent of pioneer living. (Bottom, right) That pioneer life had its lighter occasions is shown by this wedding which took place in 1911.

FIFTY YEARS IN

B

Three different groups of Mennonites have had organized groups in Dawson County, Montana. The first to locate here were the Old Order Amish who settled in the summer of 1902. They began their worship services in November, 1904 and in later years also organized a Sunday school. The group belonging to the General Conference Mennonite Church settled in 1906, organizing a Sunday school in 1908. The Bloomfield Mennonite Church was established in 1910. A Sunday school was organized in Glendive in 1948 which grew into the First Mennonite Church, established in 1950. The (Old) Mennonites early organized a Sunday school which later developed into the Red Top Church, established in 1917. In 1948 they also established a Sunday school in Glendive founding a church, the Little White Chapel, in 1951.

The Amish Pioneers

In the early years of this century a small settlement of Old Order Amish lived near Bisbee, North Dakota. The winters were very severe and often the blizzards isolated their livestock and inconvenienced their farming a great deal. Jacob Mullet Sr., a member of this group, started out west to look for a country where homestead as well as railroad land would be available. He stopped at Glendive, Montana where he contacted a real estate agent, E. C. Leonard. Leonard convinced Mullet that there was available sufficient land for homestead purposes, as well as railroad land which could be purchased for $2.50 an acre. They drove out some thirty miles and viewed the land, seeing some very desirable cattle country with an abundance of grass and water. Since there were many surface coal veins, fuel was easily obtained. A major difficulty was the fact that this was free range country where the ranchers had possession of the entire country. Since most of the county officers were ranchers there was much opposition to the farmers settling in this area. There were thousands of cattle and horses ranging in Dawson County at this time. Besides the local ranchers

UNTY, MONTANA

e were several big cattle companies. The local ranch- isually provided feed for their cattle during the win- However, the big cattle companies depended entirely n the range since the winters had been so mild.

This country appealed to Jacob Mullet. He bought 320 s and returned home, elated that he had discovered a ntry where so much land was available for future set- nent.

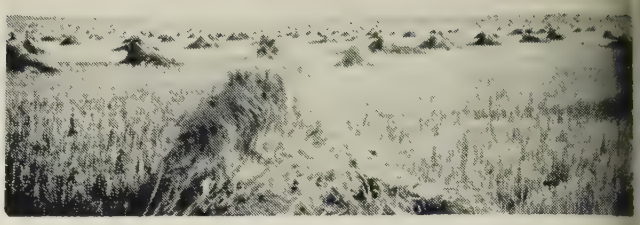
During the fall other interested persons came, some ig their claims on homestead land while others who id not homestead bought land. The following spring Joe Mullet family, John Kaufman and Amos Miller ved to their new home, shipping their machinery and sehold goods by rail while they traveled by wagon. only house they found within nine miles was that a rancher. Upon arriving at their land they lived in ts until their houses were built. Meanwhile, they iled their machinery and lumber from Glendive, a tance of twenty-five miles. This was a lonesome sum- r and a long winter. In the spring of 1904 Jacob llet Sr. and family prepared to settle in Dawson unty. They shipped their machinery and household ds by railway but did not take their cattle with them ecting other families to bring them in the fall. Going by vered wagon this latter group, led by Jacob Mullet Jr., veled for three weeks from their home near Bisbee, rth Dakota to their new home. Among this group re the Dan Miller and Eli Chupp families. Their pro- ss was slow because they were bringing with them a ge herd of cattle. The experience proved to be an ad- nture for all, especially for the boys who, riding bare- ck, played the part of cowboys.

Upon arriving late in November, 1904, houses and sta- s had to be built, wells needed to be dug, and areas ced in. Fortunately, the winter was mild and cattle re able to graze on the range most of the winter. The xt task of the settlers was to provide a school for their ldren. Since the ranchers were opposed to farmers

(Top, upper) The Bethlehem Mennonite Church built in 1952; George Dick is pastor of this congregation, so called because it was born in a stable. (Top, lower) The First Mennonite Church, Glendive, is a daughter congregation of the Bethlehem church in the country.

On Montana's Prairies

(Bottom) Two aspects of social life on the plains. (Left) A fair homesteader waiting for a partner to help her and (right) a social gathering at the home of Andrew B. Richerts in the horse and buggy days.



Breaking sod and seeding wheat in a combined operation and a field of macaroni wheat ready for the thresher.

settling there the Mennonites encountered considerable resistance in organizing a school district. After the school was built a teacher had to be provided. In this respect too, it was fortunate that a Mennonite, Miss Emma Miller, was able to secure a permit to teach.

In the spring of 1905 a visiting minister, Joe Borntrager, conducted services for the settlers. Having a family of five sons and one daughter he became interested in the country, filed a homestead claim and returned to his home, harvested his crop and prepared to leave. In the fall of 1905 they arrived in Glendive with their emigrant car. Borntrager and son Glen loaded some provisions and chickens, the cow being led behind the wagon. After traveling some fifteen miles they lost track of the wagon trail, but continued going in the direction of their destination. They landed in a sheep camp and the herder was unable to help them. Unhitching their horses they camped out on the prairie that night with the sound of the coyote's howl in the distance.

In the spring of 1906 Mullet made application for a post office, naming it Adams. Until the spring of 1907 there were only thirteen families living in this part of the country, but when spring opened up the farmers came quite rapidly. These Amish Mennonites always held their church services in their homes.

During the spring of 1907 the state rented a 40-acre plot for five years in order to have an experiment station, so that homesteaders from various states could know what methods of farming would be best: how much seed to sow per acre, and what kind of seed would be most advisable. This 40-acre farm was divided into one-half-acre plots. Some was summer-fallowed, some was seeded every year. A close record was kept by Glen Borntrager, who took care of this farm.

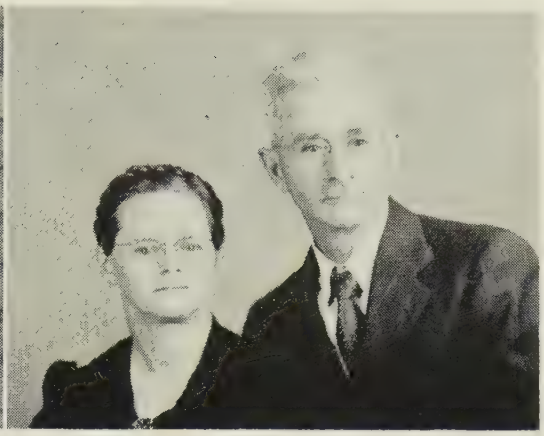
The pioneers deserved credit for their courage to settle in this county where cattle and horse stealing was not uncommon in those days.

The leaders who served the Amish group and the dates of their death are: Joe Borntrager, November 13, 1921; and Dan Miller, March 31, 1928. Some twenty-eight members of the Amish group died in the course of time and seven couples were married. Towards the end of the nineteen-twenties several families moved away and the younger people joined the Red Top Mennonite congregation. The year 1930 marks the close of this group as a separate church group.

The Red Top Congregation

By the year 1916 a number of families had settled, in addition to those who belonged to the Amish group. They met on Sundays in the Adams School to study the Word of God. The Adams school building was remodeled during this time and since its roof was painted red it came to be known as the Red Top School. The North Central District Conference (at that time Missouri-Iowa Conference, later Dakota-Montana Conference) of the

An early day threshing scene as the Mullets thresh for the Bullers and the 25-mile trip to market.



and Mrs. Andrew H. Buller in 1934 and Mr. and Mrs. Chris A. Buller .The latter gathered the data and pictures for this feature.

Mennonite General Conference recognized a respon-ity toward the group that had settled in Montana. In sequence, L. A. Kauffman was sent to conduct serv- with the group. Kauffman reported to the conference this group was ready to organize. I. A. Mast was to minister to this group and to help them organize r church. Eighteen charter members composed the organized congregation. A Sunday school was also anized with Jacob Mullet Jr. as superintendent. This anization took place in April, 1917 in the Red Top ool. Among the ministers who were later sent to ve this group were I. S. Mast, L. S. Glick, L. A. Kauff-n, J. C. Gingerich, and E. G. Hostetler. A few years r R. W. Benner and family settled in this community l took over the work of the church. However, because the condition of his health he was obliged to discon-ue this service after several years and return to the mer home in Virginia.

The church and Sunday school experienced a healthy wth. Outstanding in their organization was the Chupp artet, consisting of two brothers and two sisters, which s often asked to serve at other churches on occasions funerals and similar services. A daily vacation Bible ool was conducted in the summer and a Bible-study up was conducted for the adults in winter.

On September 10, 1933 George Kauffman was ordained to the ministry and assumed leadership. To assist him in his work Elmer Borntrager was ordained to the ministry August 4, 1935. The Red Top School, in which they had worshipped for eighteen years, did not provide sufficient facilities any longer so plans were made for a new church. This building was dedicated April 15, 1936 and provided complete facilities for worship, Sunday school classes and other activities. In the summer of 1952 the basement of the Red Top Church was remodeled and classrooms arranged for the children's Sunday school classes, daily vacation Bible school and other activities.

After George Kauffman left the community in October, 1938, Elmer Borntrager continued to serve the church until August 1945. In 1945 the Borntragers moved to Goshen, Indiana where he enrolled at Goshen College. In his absence L. A. Kauffman served the church.

A unique project was begun in 1950 in that a sixty-four acre field was rented and farmed for missionary purposes. The members of the church co-operate in farming this plot, often completing a farming operation of the entire field, such as seeding or combining, in one day. The women of the church are active in mission and relief work and have contributed much to those in need.

Loading coal from a surface vein and preparing pork to be hauled some twenty-five miles to market at Glendive.

Bloomfield Bible School, 1914, P. P. Tschetter, teacher.

The Red Top Church is located five miles east of Bloomfield on the Glendive-Stipek road across the road from the Red Top School.

The Little White Chapel, West Glendive

When some farmers have farmed for about forty years they will retire and move to the city. Having lived in a Mennonite settlement since 1904 Jacob Mullet Jr. sold his farm in the fall of 1945 and moved to Glendive. In the following years other families also moved to the city. Among these was the L. A. Kauffman family, who upon moving to the city in 1947 opened a Bible and book store in his home, naming it the "Glendive Bible and Book Room." He was instrumental in conducting a Sunday school and Bible school for the benefit of children who might not have religious instruction. At first these retired farmers continued to drive out to the Red Top Church, a distance of twenty-five miles, each Sunday morning. However, during the severe winter of 1948 this became impossible. Since several families had moved to the city for the winter a Mennonite Sunday school was organized with David Nissley as superintendent, and Adelene Buller as secretary-treasurer. The Sunday school a... church services were conducted in the Kauffman ho... until a church building was purchased. In the winter ... 1948 to 1949 this building was transported some thirt... five miles, then moved across the Yellowstone River wh... it was frozen over and located on the spot selected for th... church. The congregation occupied the building on Marc... 13, 1949 and dedicated the building and grounds to th... work of the Lord June 12, 1949.

Vacation Bible School group of the Little White Chapel.

Daily vacation Bible school was held in the churc... each summer. Church membership was retained in th... Red Top congregation until May 20, 1951 when twenty... seven charter members organized the new congregation ... West Glendive, calling it the Little White Chapel. Pat... terned after the missionary society of the Red To... Church, the women's group in West Glendive has als... organized a missionary sewing circle for adults an... juniors.

The church building was remodeled during the sum... mer of 1952 with a full basement placed under the churc... and classrooms for Sunday school work built. The dail... vacation Bible school has continued to grow, with an en... rollment the past summer of sixty-five. They also pa... ticipate in the Gospel Light Broadcast program ov... Glendive, Station KXGN. The Little White Chapel ... located on highway 10 in West Glendive.

The Bethlehem Mennonite Church

Among the early settlers in this part of Montana we... the Andrew H. Buller, Abe A. Buller, and Gerald ... Boese families, all belonging to the General Conferenc... Mennonite Church. They had originally come from Avo... South Dakota in the spring of 1905, going to Conrad ... Pondera County in northwestern Montana. About th... same time the C. J. Schmidt and John Becker famili... from Dallas, Oregon also settled in Pondera County. The... soon discovered, however, that it would be difficult ... clear their title to this land so they decided that rath... than invest more money they would sacrifice what the... had paid and find another location. Some of them di... covered that a rancher in Lewistown, in central Montan... wished to sell his ranch. Soon the C. J. Schmidt, Andre... H. Buller and John Becker families moved to Moor... Montana, settling about three miles east of Utica. Aga... this site proved to be undesirable because there was n... sufficient land for expansion.

An article written by Joe Borntrager in the *Rundsch...* in the spring of 1906 called their attention to the poss... bilities in Dawson County. The writer (son of Andrew ... Buller) left at once for Glendive and while there di... covered that there were many thousand acres of la... available for homestead and to be purchased from t... railroad. Feeling this was an opportunity to settle larg... groups, the writer filed his homestead June 25, 1906. Up... returning home the Bullers again made preparations ... moving, in the meantime, promoting the new settleme... as much as possible.

With harvest completed arrangements were made

e eastward to Dawson County. With their possessions
livestock loaded on a freight car the writer, his
ner Joe, and their brother-in-law Gerald Boese,
e the trip to Glendive, arriving on Christmas morn-
The car was soon located. We unloaded the horses
the cow, and prepared the wagons to leave for the
ement. With one four-horse team and a two-horse
n we left at eleven o'clock and followed the trail for
e twenty miles. As the sun sank beyond the hills
wind increased and drifting snow wiped out our
. A crisis had come upon us; we were not prepared to
all night on the trail and yet it was out of the
stion to continue traveling. I was the only one that
been there, and I only knew what direction we were
go. We decided to leave the large loaded wagon and
h the lead team to the other wagon. I would take the
ern and proceed so the others could follow. Sud-
ly the sky cleared and the stars were again visible. I
k my course directly towards the dipper and continu-
in that direction we landed safely at the Joe Mullets.
After staying night at the Joe Mullet farm we moved
a homestead shack and provided feed for the stock.
were not able to return to Glendive for the rest of our
ds until January 6. We were fortunate to have feed,
l and wood on hand during this period of heavy
w. A number of other farmers arrived the same win-
from Bloomfield, Nebraska. However, the conditions
e such that the new settlers were ordered to stay in
city. Some of the Mennonite families wished to help
m so two of the boys borrowed a bobsled, loaded a
gon on the sled and proceeded to Glendive. The first
tlers that lived there during the winter of 1906-07 ex-
ienced a hard winter with much snowing and drifting,
d cold weather. The estimate of snowfall was thirty-
ht inches. It was a difficult task to take care of the
estock.

With the coming of warmer weather several farmers
ved out to the country with their loaded wagons. A
od trail was thus broken through the snow. In the
ing the settlers spotted their homesteads, dug wells and
ilt fences around their properties. Ground was plowed

Vacation Bible School pupils of Red Top Mennonite Church.

and grain was sowed to provide feed. Until the spring of 1907 there were only thirteen families located here. Our parents, the Andrew Bullers, and the John and Abe Buller families arrived on March 6, 1907. More settlers, among them the C. J. Schmidt family from Moore, Montana and the Fred A. Buller family from Springfield, South Dakota also arrived. Early in 1908 it was felt that a Sunday school could be organized, Fred A. Buller being elected superintendent with Joe Buller, secretary-treasurer. This Sunday school was continued through the summer and the following May it was again organized in the Adams school.

It was now felt by the General Conference group that worship services should be held. H. A. Bachman served the group, baptizing also four persons on July 11, 1909.

The settlers from Bloomfield, Nebraska located immediately west of the earlier group. They wished to have a town named Bloomfield, so when in the summer of 1909 a store was located a mile west of the Adams post office and named Bloomfield an application was entered to have the Adams post office moved to Bloomfield and the name Adams was discontinued.

In the spring of 1910 the Jacob Senner, John Schwartz and Joe Graber families arrived from Freeman, South

nisters and wives: Mr. and Mrs. Elmer Borntrager, Red Top Mennonite Church; Mr. and Mrs. L. A. Kauffman, Little White Chapel; and Mr. and Mrs. Leonard Harder, First Mennonite Church, Glendive.

Dakota. This group at once affiliated with the earlie- group and together they organized a Sunday school wit Joseph H. Boese as superintendent. During this summe the group held its meetings in a stable. With the help of H. A. Bachman a church organization was completed and a constitution adopted. The first board members were Jacob Senner, Joseph H. Boese and Chris A. Buller. Since this church was born in a stable it was called the Bethlehem Mennonite Church. A total of twenty-three charter members were present at this organizational meeting which met in July, 1910.

In the fall of this year a third group of settlers comprising six families came from Dolton, South Dakota. This group organized a Sunday school and conducted services in the homes of the settlers until the fall of 1911. Events of some note during this time were the first wedding in which Joe W. Buller and Lena Schmidt were married on December 12, 1910, and the death of grandmother Richert who was laid to rest in the Red Top cemetery July, 1911.

The third group of settlers gave a call to Derk T. Thiesen to conduct religious meetings for them. Since this later group had not joined the Bethlehem Mennonite Church an invitation was extended to this group to meet at the home of Jacob Senner September 29, 1911 to consider a united church group. The constitution was reviewed, some changes made and the whole group united in one congregation.

Soon thereafter a baptism and a wedding took place. The first person to be baptized was Lena Schmidt and the first couple to be married after the organization of the Bethlehem Mennonite Church was Chris A. Buller and Lena Schmidt on October 3, 1911.

In the spring of 1912 preparations were made for the building of a new church with a committee consisting of Peter Graber, C. J. Schmidt, and Chris A. Buller responsible for the details. In July the work proceeded with a carpenter in charge and all of the remaining labor donated. In the midst of building operations a tragedy entered the community in that Peter Schmidt, who had gone swimming, was drowned. He was laid to rest in the new cemetery near the church. By November the church was completed at a cost of $1500. Derk T. Thiesen officiated at the dedication of the church in November, 1912.

During the summer of 1912 the community experienced some of the pioneer difficulties in that a fire driven by a 40-mile-an-hour wind swept the area, burning a strip about three miles wide and thirty-five miles long. Some crops already stacked and some buildings, including the stable that had been used for services, were lost to the fire. Besides this difficulty a hail storm also struck the community, wiping out some fields of flax.

The first resident pastor of the Bethlehem Mennonite

Mennonite homes in the Richey-Bloomfield area. (Top to bottom) Alvin Deckert, Fred T. Schultz, Vern Buller, and Isaac Buller. Vern Bullers are now in South America where he is assisting in the building of roads.

ch, P. P. Tschetter, served the church three years, 1915. During the summer he also taught the daily ion Bible school. Since P. P. Tschetter was leaving, a for the next minister needed to be provided. A plot ound was bought next to the church and a complete f buildings erected in the summer of 1915. John M. z was the first to occupy the parsonage, serving the h 1916-1919, and 1921-1923.

s the community grew it was necessary to provide r facilities for worship. The problem was solved by ng the church apart and moving the front and filling ie space between. A few years later, in 1924, a com- basement was dug under the church. Again a few s later, during the depression, the entrance to the ch and the basement were remodeled.

he community was one of the many which suffered ill will of its neighbors during the First World War. e the Mennonites used the German language in their ship services and since most of them spoke the Low- man in their private intercourse, their non-Menno- neighbors looked upon their activities with sus- on. Perhaps their non-Mennonite neighbors did not reciate the Christian standards by which the Menno- s tried to live. With the intense patriotism sweeping country, the Mennonites were accused of being pro- man. The hatred and suspicion against the Mennon- came to a head in the mobbing and attempted hing of our minister, John M. Franz. The abduc- of our minister and the attempt made to lynch him his subsequent imprisonment and release on bond , of course, an illegal undertaking which these people, ong whom were some county officials, regretfully ized after the war was over. The entire story of this gedy is told in the October, 1952 issue of *Mennonite* e under the title "It Happened in Montana." This story also been told in the new book, *Coals of Fire*, Elizabeth Hershberger Bauman.

On the twenty-fifth anniversary of the Bethlehem nnonite Church, October 20, 1935, visiting ministers ne from far and wide to review the pioneer days: n M. Franz, from Pratum, Oregon; J. C. Kauffman, n Freeman, South Dakota; and A. C. Wall, from t, Montana; while P. P. Tschetter, of Freeman, South kota was unable to attend. J. C. Kauffman addressed group in the German from Psalm 103 while John M. nz spoke in the English language on Matthew 16:18 Ephesians 2:10 on the topic, "The Biggest Business in World." After a noon lunch in the basement A. C. ll opened the afternoon program; a member of the rch, G. L. Deckert, gave a summary financial report J. C. Kauffman gave the closing address.

A women's sewing society was organized June 28, 1922

(Continued on page 143)

m homes of (top to bottom) Roy Mullet, Glen Borntrager, David Mullet. The latter two settled in 1905 and 1904. ttom) Farmers plowed and seeded the Red Top mission plot of sixty-four acres in five hours.

MENNONITES AND MENTAL HEALTH

The Mennonites have experienced a most remarkable awakening in regard to the needs of the mentally ill. The story of this awakening is a thrilling one, the story of a vision and of courage to follow its leading. The concern for the mentally ill was not new. It had expressed itself in significant early ventures. But it took a world war (II) to give the vision and to present the challenge of a great need that sent Mennonites into this area of neglect. God's call still continues to lead them.

—H. A. Fast, chairman, M.C.C. Mental Health Services Committee

I. Mennonite Programs for Mental Illness

BY DELMAR STAHLY, C. J. REMPEL, JOHN R. SCHMIDT AND C. KRAHN

A NEW area of church service was opened by nineteen Civilian Public Service boys in August, 1942. Then appeared the first Mennonite Service Unit in a state mental hospital at Staunton, Virginia. Little did these nineteen fellows feel that they were ushering in a new era in the attitudes of Mennonites to mental health.

Developments since that historic date are extremely significant compared to Mennonite activity in this field prior to that time. In Canada, Russia, and South America there had been Mennonite mental hospitals. We will consider these institutions, the establishment and growth of new hospitals, and the added services of our young people in state and provincial mental hospitals. Let us turn first to the events of a decisive nature that followed the Virginia experience in 1942.

When the C.P.S. program closed five years later, approximately fifteen hundred Mennonite boys had received experience in state and veteran's mental hospitals and training schools. The mental hygiene program of C. P. S. had been established, involving the setting up of aide training media and community mental health educational measures. Mennonite young people performed significant work in this program which grew into the National Mental Health Foundation. This has since become a part of the larger and more inclusive National Association of Mental Health. The entire mental health movement has been stimulated and broadened by the educational activities growing out of the services of the C.P.S. men in state hospitals.

Along with the wives of some C.P.S. men several auxiliary units of single girls shared in this hospital service. Some of these served only during the summer months and others on a year-round basis. While the men served by personal choice they were still under Selective Service assignment, but the voluntary element was more distinctive in the cases of the girls. They sowed the seed that grew into the Voluntary Service and summer service program now accepted as a pattern of Christian internship for Mennonite youth.

Post-War Decisions

In December of 1944 the Mennonite Central Committee in annual session had seriously considered the possibility of establishing a central mental institution to be operated by the combined Mennonite groups. The question was referred back to the separate groups for whatever expression they might wish to give. In May of 1945 the General Conference Mennonite Church officially endorsed the establishment of a mental hospital in cooperation with the MCC. On August 9, 1945 the MCC established a study committee to gather information and to make recommendations concerning the number of mental cases among Mennonite families, the need for additional mental hospital facilities, and the church responsibility in the field of mental hospital service. This committee reported in part in December of 1945, giving a more complete report in April of 1946, thus setting the stage for aggressive action.

In October, 1946 the MCC decided to hold its Leitersburg, Maryland farm for development of a mental health facility, and the Executive Committee of the MCC was authorized to negotiate with any constituent group desiring and able to develop this project. In November of 1946 the Pacific District Conference of the Mennonite Brethren Church authorized the Board of Directors for its Home for the Aged to cooperate with the MCC in the possible promotion of a home for mentally ill on the West Coast. In January, 1947 the MCC in annual session authorized the construction of a series of three small mental institutions. The following year in March the Lancaster Conference of Mennonites (Pennsylvania) voted to establish a mental hospital to be operated by its own conference.

This series of events in six years of the nineteen-forties causes us to lose sight of Mennonite activity in the field before that time. In Russia, Canada, and in South Amer

Staff of Bethania, mental hospital operated by Mennonites in South Russia.

Mennonites have faced situations by responding with
tal hospital programs. A careful study of these hos-
ls and the thinking behind them is pertinent to more
nt and delayed activity among the Mennonites of the
ted States.

Bethania Hospital in Russia

The first Mennonite mental hospital and the only one established in Europe was Bethania, started in 1910 by the *Allgemeine Bundeskonferenz*. It was on the land of the former village of Alt-Kronsweide. On March 15, 1911, the Bethel Unit was opened, providing room for sixteen women while the Salem unit opened on August 20 housing sixteen men. Bethania was modeled after Bethel of Bielefeld, Germany, in that the serving staff was built around a deaconess group. Among the fifty-three patients

Bethania was founded in 1910 and existed until 1927 when this area was flooded by the Dneprostroy power dam.

Air view of Brook Lane Farm, Hagerstown, Maryland dedicated to serve the mentally ill, November, 1949.

cared for in the first fifteen months there were eleven acute and twenty chronic mental cases, eight epileptics, twelve idiots and two diagnosed "with organic nervous disorders."

In 1912, forty-four more beds were added and eighty-eight patients were cared for during that year. Although it was originally planned that all Protestant groups in Russia should sponsor this hospital, it remained under the control of the Mennonite Conference. Mennonite patients received preference but others were also accepted. Almost all Mennonite settlements of Russia sent patients to Bethania. The churches raised funds for buildings and for operations and many gifts in kind were given. The first doctor was W. Stieda who was later assisted by I. Thiessen. Peter Shellenberg and Jacob Janzen served terms as housefather. We know little about the remainder of the staff except that some of the nurses received their training in Bielefeld, Germany.

World War I stopped the rapid development of Bethania and the communist revolution brought it to a gradual end. The report of 1925 summarized the results of the activities of Bethania during its fifteen years of existence. Of a total of 991 patients, 203 were buried in its own cemetery. Five different doctors, 78 male nurses, 86 female nurses and 353 additional staff members had served the institution. Of the 204 patients cared for during the year 1925, 101 were Russian, 87 German and 16 Jewish.

After the Revolution the institution was taken over by the province and in 1925 by the Federal Government. About 15 per cent of the support still came from the Mennonite congregations and the remainder from the government. The medical school at Halbstadt, Molotschna used it for an internship for its personnel. Bethania was evacuated in 1927 when the village of Einlage came under the backwater of the Dneprostroy power dam. The patients, including thirty-three Mennonites, were transferred to a mental hospital at Igren without the Mennonite personnel. Thus ended the first mental hospital project of Mennonites.

In the Western Hemisphere

In a much more modest manner, the next Mennonite hospital was started in Canada in 1932. Its founder was the minister Henry P. Wiebe, who had spent three years on the staff at Bethania prior to his departure for Canada in 1924. In that year a Mennonite minister experienced a nervous breakdown and was threatened with deportation. He was brought to Wiebe who then lived on a farm near Stratford, Ontario with an urgent plea from the family that he be taken care of. Wiebe felt called to continue the work learned in Russia and he took care of the patient in his home until he was able to return to his family. In 1937 Wiebe and his family purchased a farm near Vineland, Ontario and immediately began taking in other patients. For eight years he developed the project on a private basis, specializing in personal care and understanding of the emotionally disturbed.

Our South American colonies long desired an institution to fill their own needs. For some time the settlement at Fernheim had been thinking of building a hospital completely separate from its general hospital services. This involved too much expense. A seven-room house was eventually built near the general hospital from which essential personnel was secured. Thus in 1945 there was established the third Mennonite mental institution with a capacity of eight patients. Fernheim, Friesland, and later Neuland sent patients to this hospital at Filadelfia. There is no psychiatric supervision and little is offered aside from custodial care.

This then was the Mennonite background to the apparently unrelated activity of the nineteen-fortys. It had all sprung from the need to take care of unfortunate family and church members. In Russia it developed with

f of Brook Lane Farm with Jacob Goering (standing, left) pastoral counselor and interim administrator, and Helmuth Prager (standing, right) staff psychiatrist.

ed and assurance on the strength of a deaconess phi-
phy and an established system of institutional man-
ment. In this instance it served those outside the faith.
Canada and South America limited resources precluded
outreach. And then, through the incidence of another
rld War fifteen hundred Mennonite boys were thrown
service for those of whom little was known, and the
era was launched. In the order of development let
look at the post-war picture of the Mennonite hos-
ls now witnessing to our Christian concern for the
tally ill.

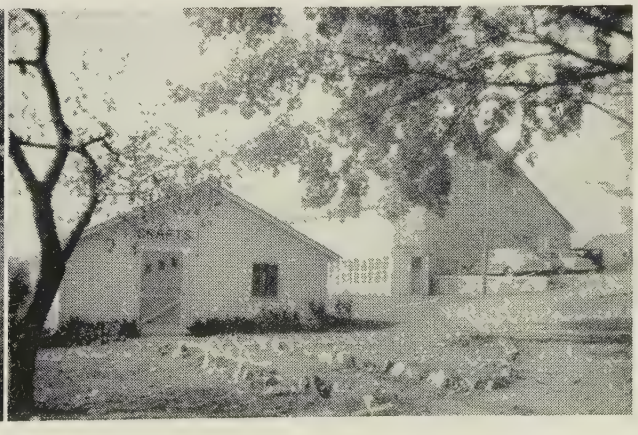
Brook Lane Farm, Maryland

None of the Mennonite groups were prepared to take
r the Leitersburg, Maryland project. The MCC then
sued its three-hospital plan of January, 1947 with the
of an eastern, a western, and a central institution.
ersburg became the eastern development under the
ne of "Brook Lane Farm." The concept was for a
ll treatment hospital for acute mental cases. Delvin Kirchhofer as administrator, his wife Helen as nursing supervisor and matron, and Helmuth Prager as psychiatrist developed the facilities, the program planning, and the treatment concept.

Physical assets consisted of a hundred-acre farm, mostly of grazing land, about ten miles from Hagerstown, Maryland. A brick house and stone barn over a hundred years old, two small two-story barracks-type buildings, a two-car garage and a small farm shop were already available. A new one-story structure was built for the housing of twenty-three mental patients, with a small office and treatment room. The farm house was re-built to house staff members and to furnish a kitchen and dining room for the complete institution. One of the barracks was made over into staff quarters with half of the first floor serving as a chapel. The other barracks became a recreation room with a laundry on the first floor.

Brook Lane Farm was dedicated in November of 1949 and was licensed by the Maryland State Department of Health to accept twenty-three mental patients. Members

k Lane Farm with its quiet country atmosphere has excellent facilities for the treatment of the emotionally disturbed.



Kings View Homes, Reedley, California was the second hospital facility established by the Mennonite Central Committee.

of the initial staff had been trained in other institutions and the staff unit had become a real factor during the building and remodeling program. This intimate unit atmosphere was expanded to include patients in an almost family-like relationship. All ate together in the one dining room. The homestead appearance and atmosphere was accentuated by semimountainous surroundings. Subsequent adjustment to buildings and program have not disturbed these environmental features.

The first patients were accepted at Brook Lane Farm in January, 1949. Progress toward community, Mennonite constituency, and professional acceptance of the concepts and facilities has been gradual and conclusive. In the first year of operation ninety-seven patients were admitted and occasional capacity use of facilities was experienced. In 1952 the capacity was expanded to accommodate twenty-nine patients and the average period of hospitalization leveled off at about six weeks. With the normal fluctuation in occupancy of active treatment facilities, Brook Lane Farm continues to average about 90 per cent of its capacity in use.

Plant changes have improved both staff quarters and hospital facilities during the years of operation of Brook Lane Farm. In 1953 a 10-bed addition to the hospital proper was built in order to provide segregation for patient types and broaden out the treatment services.

Over a thousand patients have been discharged from this first MCC hospital and among Mennonites and non-Mennonites over a large area its reputation in the treatment field is assured. The Kirchhofers left the institution July, 1953 and the administrative duties rest temporarily in the hands of Jake Goering who has served as pastoral counselor since September, 1950. A staff of twenty-four carry on the nursing services, patient activities, housekeeping, maintenance, and raise some poultry and truck garden products. Over half of the staff serves as part of the Voluntary Service program of the church.

Bethesda, Vineland, Ontario, operated by the Mennonite Brethren Churches.

Bethesda, Vineland, Ontario

Next in line of chronological development was Bethesda, whose pre-World War II growth has been covered. In 1945 the Ontario Conference of Mennonite Brethren Churches officially took over the work which subsequently became the property of the Canadian conference in 1948. Due to the rapid growth of the institution and its subsequent requirements, improvements had to be made to the old house which now has a capacity for twenty-two patients. In 1949 a separate self-contained building for thirty patients was begun and on August 20, 1952 the official dedication of this new building took place. On July 1, 1951 Henry Wiebe and his wife resigned as house parents and they were succeeded in January, 1952 by Mr. and Mrs. Henry G. Bartsch, a minister, formerly of Yarrow, British Columbia.

The hospital is regularly inspected by government men and meets with all official requirements. The medical needs of the patients are looked after by a medical doctor who makes regular visits to the institution. A fully qualified psychiatrist interviews the patients at regular

rvals and makes recommendations as to special ıtments. The institution has a business manager, a chiatric head nurse, an occupational therapy depart- ıt and a total staff of twenty-two people. It has been ıpletely filled for the last few years.

Kings View Homes, Reedley, California

The third North American mental hospital facility s Kings View Homes, the western area MCC institu- ı, and number two in its three-hospital plan. Con- ıction began in November of 1949 and services were t initiated in February, 1951. Arthur Jost, who had resented the MCC in development of plans, concepts, l constituency support, has had continuous administra- e responsibility. Jackson Dillon, M. D. is the phychia- t in charge of medical services.

The institution consists of a single new building unit a 43-acre highly productive fruit farm two and one- f miles south of Reedley, California. Here are facili- s for care and treatment of thirty-two emotionally dis- bed patients. From an initial concept of a home for ronic patients there has grown a program that is main- concerned with treatment and rehabilitative care. Pa- ıts with histories of longer or more deeply-seated ladjustments are subjected to thorough re-diagnosis d careful programming toward a return to a family ıation.

Use of the hospital increased gradually after opening that its average occupancy is now twenty-nine pa- nts. About 25 per cent of current admissions are from ıstituent groups, and the remainder from a large seg- nt of the San Joaquin Valley. Average length of hos- alization of discharged patients is over twelve weeks, t many stay less than one month.

Arthur Jost has a staff of twenty-eight persons to erate the hospital and fruit farm. These all live in edley. All facilities are under one roof and arrange- nt for patient activity program is limited. An occupa- nal therapy building is designed and started, comple- n depending upon future contributions.

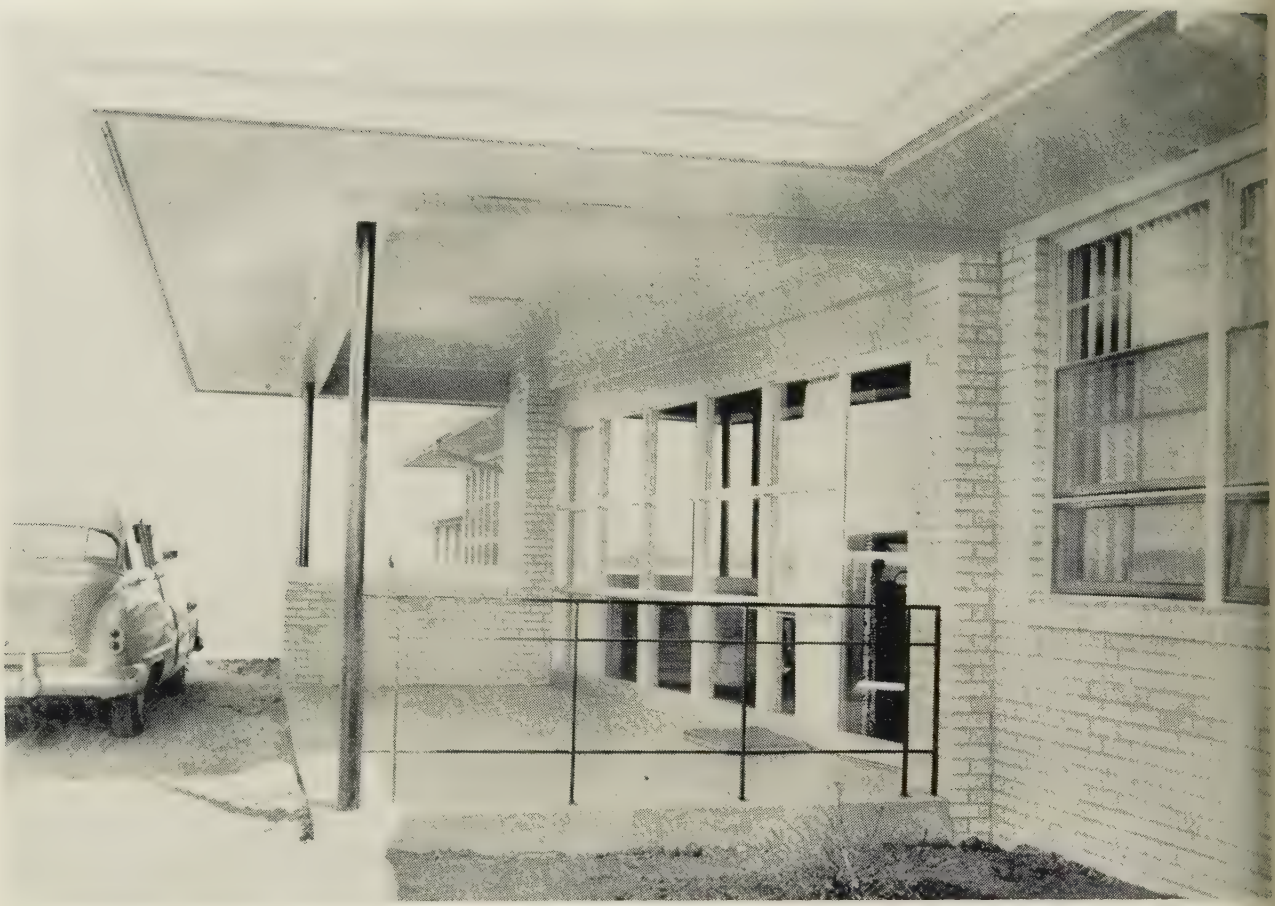
Philhaven, operated by the board under Lancaster conference of Mennonites.

Philhaven, Lancaster, Pennsylvania

The Lancaster Conference of Mennonites received a gift of a 167-acre farm at Mt. Gretna, Pennsylvania, in April, 1949 designated for a church mental hospital. A board of church laymen undertook a careful study of needs and possibilities before developing a plan for a two-story building for thirty-two patients and some staff members. This became Philhaven, dedicated in May, 1952 with the expressed plan to admit acute cases for relatively short term treatment.

Agricultural and hospital operation are under separate management at Philhaven and located separately on the farm. The board of trustees under which plans and concepts were developed has continued with little personnel change. Its initial secretary, Elvin Lefever, became the first hospital administrator, replaced by Horace Martin, R. N., in November, 1953. Early staff members served for short periods at nearby Brook Lane Farm, adding to early coordination of concepts and planning between the MCC and the Lancaster Conference board. Phillip Laux has been responsible for medical direction since the opening. The supplemental nursing and maintenance staff has grown to twenty-five workers. The hospital offers essentially the same type of services as Brook Lane Farm with some added emphasis on interview-therapy. Admissions have averaged over twenty per month since its opening in March, 1952.

chen scene and administrative office of Kings View Homes. Arthur Jost, administrator, at desk with assistant, Susie Harms.



Entrance to Prairie View Hospital, Newton, Kansas, dedicated March 14, 1954 as third MCC hospital facility.

Prairie View, Newton, Kansas

Prairie View Hospital at Newton, Kansas is the newest American mental hospital facility and the third of the MCC. Planning has long pointed toward Newton for the central area institution and actual building plans were developed upon completion of the Kings View Homes building. Constituent churches from the Rocky Mountains to the Mississippi River contributed heavily toward the present building for accommodating forty mental patients. Administration and kitchen facilities are designed to serve up to a hundred patients when further growth becomes advisable and possible.

Built on a fifty-acre tract one mile east of Newton, Prairie View Hospital is under one roof. Patient areas are in two parts with a connecting corridor, designed to segregate patients on the basis of behavior or degree of outward disturbance. Early program emphasizes treatment and rehabilitative care. Myron Ebersole, as administrator, is working with clinical psychologist and counselor, Harold Vogt, and psychiatrists, Thomas Morrow and F. C. Newsom, in charge of medical services. The supplemental staff is being gradually increased as the program is developing.

The spirit of these newer institutions is in *treatment*, in helping the ill person to get back home. Other possible areas demand the attention of hospital staffs, luring them in the direction of prevention of mental illness. This is the modern call, to stem the tide of endlessly increasing institutional cases. Thus, Prairie View Hospital is dedicated to a companion program of guidance and prevention.

Problems and Opportunities

Yet a uniform note of dissatisfaction is running through these North American programs. Administrators, and constituency alike deplore the lack of Christian resources to serve those who must remain indefinitely in institutions. The endlessly forebearing spirit of the deaconesses of Bielefeld and Bethania toward those who cannot respond has no counterpart in recent developments. Here is a clear call that has been heeded, but not answered in the flurry of postwar planning. The new approach of early diagnosis and prompt treatment has temporarily drawn the focus of attention away from pure custodial care.

In December, 1953 four medical men concerned with service to Paraguayans met in Asuncion to try to face their own needs in respect to this new trend in psychiatry. The Fernheim hospital could not absorb all normal calls for custodial service nor was it in a position to meet

ff members at Prairie View. Elizabeth Janzen, nurse; Myron Ebersole, administrator; and Harold Vogt, staff psychologist.

atment requirements. Four possible locations for newer panded services were considered with no apparent solu- n to the difficulties involved. One major obstacle to ective South American services is that qualified psy- atric supervision is available only at Asuncion. Operat- expenses for custodial care would be very large in capitol city. In one of the colonies or in connection th the new leprosy mission eighty-one kilometers from uncion there would be land and possibly supplemental ff members unavailable in Asuncion. The most feasible n calls for an exploration of the possibility of expand- services at Filadelfia. This would be designed to fill eds of all Mennonite colonies in South America. Possi- here the newer treatment concepts could be injected o an existing custodial program as at Bethesda in On- io. This would be dependent upon available staff phy- ian and nursing personnel.

Profoundly affecting American Mennonite homes has en the continuous stream of young people serving in te and provincial mental hospitals in the United ates and Canada. The summer program has been par- lly dependent on a shortage of personnel in the insti- tutions, but a number of hospital administrators have been particularly eager for the motivation of Christian young people serving on a unit basis. As many as one hundred sixty per summer participated in the immediate post-war years. At present the United States hospital personnel demands have shifted so that most institutions are closed to short term service. Canadian hospitals, on the other hand, have increased their use of both summer and year-round workers on a unit basis. In 1953 four institutions in Canada absorbed sixty summer workers, while only one state hospital had a summer unit in that year.

The present Mennonite witness in conventional hospitals is largely in the hands of I-W men assigned to seventy-two institutions. The twelve-hundred now serving exceeds the maximum C.P.S. representation at any one time, and it seems apparent that the total group participation will exceed that of the wartime experience. The relationship is on a normal employment basis with the unit concept not necessarily in evidence. On the other hand, remuneration and choice of institution offers more latitude to the worker in this peace-time era. Nothing

Patient's room and day room in Prairie View Hospital showing excellent facilities provided through church groups.

comparable to the mental hygiene program of C.P.S. appears on the I-W horizon. The hospital situation seldom demands it. Hospital services are more open to public scrutiny. Staff orientation and training of aides has become more regularized.

This, then, is the 1954 background to Mennonites in mental health programs. It is geared to mental hospital services for the mentally ill, specializing upon those who can improve. It stems from a call to serve our own, those of the brotherhood, and others. It has its pioneering front in the realm of mental hygiene, personal and family guidance, the prevention of mental illness. It has temporarily by-passed the call to give loving care indefinitely to the chronic or mentally deficient individual for whom society is inclined to give up hope. It involves hundreds of young people serving in governmental institutions with varying degrees of resourcefulness and motivation to give something that is specifically Christian. This is the visible outreach of Christian discipleship in one particular area of need.

II. Observations by the Professions

By H. CLAIR AMSTUTZ, JESSE H. ZIEGLER, WALDO HIEBERT, CARL MASSANARI AND DELVIN KIRCHHOFER

ALTHOUGH care of the mentally ill and education for the professions are both new in our church there is a rapidly growing body of experience accumulated by a rapidly increasing number of trained people. The following series of articles attempt to portray the problem of emotional illness through professional eyes.

Delvin C. Kirchhover was the first administrator of Brook Lane Farm, the pioneer MCC-sponsored mental hospital near Hagerstown, Maryland. Dr. Jesse H. Ziegler is professor of psychology and mental hygiene and director of counseling services at the Bethany Biblical Seminary in Chicago. H. Clair Amstutz is practicing physician and director of health services at Goshen College, Goshen, Indiana. Karl Massanari is acting dean and professor of education at Goshen College. Waldo D. Hiebert is pastor of the Mennonite Brethren Church at Hillsboro, Kansas.

The symposium emphasizes that although there are many sides to emotional health, the "sides" merely point up the direction of approach. The central problem is always the same—to be an effective person. To this end a person must recognize his natural limitations and his talents; he must accept himself. He must learn to work with others; he must accept people. He must make peace with his destiny; he must accept God. The physician, the teacher, the pastor—all have a part to play.

In a sense the most important person—the parent—does not speak in this symposium. It is accepted that parents wield a greater influence in the emotional adjustment of a person than anyone else. Therefore these articles are directed especially to parents so that they may understand the principles of mental health, for parents are the most effective physicians, teachers, and pastors.

A DOCTOR LOOKS AT MENTAL ILLNESS

H. Clair Amstutz

It is often said of a person that he is an individual. This literally means that he cannot be divided. The YMCA triangle depicting a person as body, mind, and spirit has an element of truth in it. The three sides of the triangle are not separate. Take away any one, and there is no triangle left.

In the past, persons have been thought of as being composed of a ghostly being, a spirit, and a reasoning principle, the mind, dwelling together in a material body. Often these were thought of as being at war against each other, using as evidence such texts as "The spirit lusteth against the flesh and the flesh against the spirit." There is a sense in which the temporal and material are set up against the eternal and spiritual, but this is not the division of an individual into a body and a spirit, or a body and a mind.

It is well known that the state of the body influences our thinking and our emotions. "I can't think well now. I am too tired," says one. "I am not interested, I am too sleepy," says another. "I can't think or remember like I used to," says the old man, "My doctor says I have hardening of the arteries." Poor circulation through the brain, pain, fatigue products, or the presence of alcohol affect the emotions and the power of clarity of thought. A bad temper may be due to a stomach ulcer and a state of anxiety may be due to a heart condition. *Maybe*, that is. On the other hand, a bad temper may be due to the meanness of one's neighbors and a state of anxiety to lack of being loved. An emotional tension may be due to physical causes, or spiritual, or a mixture of both.

It is for this reason that emotional problems have become a sort of no-man's land. The physician of an older day, like Lady Macbeth's doctor who observed her compulsively washing her hands to sponge away a guilty conscience, was likely to say that "rather needs she a divine than a physician." While the pastor, noting that "John just isn't like himself" asks the doctor to see if John is sick. "There must be something wrong with his nerves," he says.

While sometimes lack of clarity of thought or emo-nal disturbances are due to physical or chemical de-igements of the body, more often are they problems of ng unable to adjust happily to the world as it is or to ople as they are. There is something in the nature of n that longs for life, and something in the nature of ngs as they are that decrees that there is nothing more tain than death. There is something in man that drives to want to know, yet the wisest men are the ones who st keenly perceive the extent to their ignorance. There something in us that makes us want to possess and ntrol people, and something in them that makes them nt to possess and control us. There is, then, in the rld as we find it, an inevitable conflict.

Such a conflict is unbearable if the person's feeling is at the Universe (and therefore God) is unfriendly, un-edictable, unfair, and that his life and person are terly without meaning.

Such a conflict, on the other hand, may be joy if it comes a challenge to assemble some pieces in the jig-w puzzle of life, to joy in loving relations with other rsons taking the same spiritual journey, and to be-ve that, in spite of seeming, life is infinitely signifi-nt. It is the faith-hope-love-tripod that gives worth to e individual and confidence in the triumphant destiny life.

What, then, determines whether a person gets that ner toughness to endure the hardships of life? Chiefly gets it by contagion from those about him. As an in-nt he feels whether his parents really think him valu-ble, whether they love him and deal fairly with him. What feelings he receives, whether pleasurable or pain-l on the whole, he tends to carry with him and pro-ct towards others and to life. If he finds his parents ving and trustworthy, he tends to find the same quali-es in others and will develop them himself. If he is the bject of a belittle-ing attitude, difficult times are ahead. arly family life sets the stage for his life.

Fortunately, early wrongs can be redeemed. If the nild has happy school experiences, he may learn that not veryone is spiteful and capricious. Or when he tends to reak, he may find in the pastor, the family physician, or ther faithful friend, the support that keeps him from napping. Meanwhile, he may find in the community and ne church, especially if its members are committed to a pirit of mutual helpfulness, a real *Gemeinschaft,* a silent r audible testimony to the goodness of God and the vorth of the individual. These factors then unite in the estoration of one who has cracked under burdens too rievous to bear. The physician provides "crutches" in the orm of personal rest and a mildly stimulating environ-nent, good nourishment, relief from the physical distress-s. The psychotherapist gives him and those about him n understanding of his emotional reactions. The pastor estores his faith and hope by pointing to the reality of he eternal and himself demonstrating the nature of God y his own sacrificial and loving help. Thus love casts out fear. For, said Paul, "God has not given us the spirit of fear, but of love, and of power, and of a sound mind."

A PSYCHOLOGIST LOOKS AT MENTAL ILLNESS

Jesse H. Ziegler

All primitive societies have some person who emerges as the one who presumes to take care of the health needs of the people. In many cultures such a person is known as "the medicine man." Of course, he is not truly a medicine man as we think of medicine.

In contrast to this, in all advanced cultures there are "professions" whose members have the purpose of serving the physical, social, and spiritual needs of the people. Because increasingly a high degree of training is required for serving in a profession, there tends to be an increasing ly higher degree of specialization in serving the needs of people.

With specialization as it exists today, the picture among us looks something like this: The attorney advises people regarding the formal codes of the state which we call laws and represents them in transfer of property, the making of contracts, and when they must appear in a court of law. The social case worker works with people relating their needs to agencies—either private or governmental—equipped to give service of various kinds. She is skilled at relating many facts and forming a coherent picture for use of the agency. The school administrators, teachers, and counselors all work together to help children acquire not only knowledge of facts but work out a happy and satisfying adjustment to other people and to their society. The family doctor takes care of the general health of the person, working not only to cure illness but also to prevent the development of illness. The psychologist and psychiatrist work in slightly different areas dealing with emotional conflicts and problems of persons who are troubled. The minister works to provide a firm spiritual foundation for the life of the individual and counsels with him as shepherd and pastor. In addition to these professional people the family ministers to individuals especially in the area of meeting the needs of the person for security, love, belonging, and recognition.

With all these specialties it would be possible to think of a person as a legal problem, a social casework problem, a medical problem, an emotional problem, or a spiritual problem. But just as truly as the Hebrew confession, "The Lord God is One" is an accurate statement about the nature of God; so we must say, if we are adequately to understand people and meet their needs, "Personality is one, it is not divided."

This means that the most helpful approach, involving also the best application of our modern knowledge, leads the members of the professions to work together as a team for the service of the individuals of their community.

A PASTOR LOOKS AT MENTAL ILLNESS

Waldo D. Hiebert

The pastor is basically concerned with preaching,

teaching and living a healthy Christian religion. He is conscious of the possibility of emphases that are not truly Christian and which may promote undue anxiety and mental distress. Certain trends in the religious life of people are disconcerting and have all potentialities for creating emotional disturbances. Among these are: a) Unnatural captivity—a feeling of being bound by external and sectarian requirements. The gospel, however, brings an inner freedom and a Christ-disciplined life. b) Perfectionism and super-sensitiveness. This type of Christian life expresses itself in a perfecting of self, rather than in sharing its life in Christ freely with other people. c) Isolationism and separatism. This philosophy leads to a self-centeredness, in which the person withdraws himself from the world and gives more and more attention to self. Thus he becomes a great problem to himself. d) Forced and unnatural piety. Accompanied with such a false piety is a constant frowning upon wholesome recreation.

All of these religious behavior patterns are quite contrary to the Christian gospel and therefore contrary to healthy-mindedness. To those tending toward unnatural captivity the true and real freedom that is in Christ should be taught and preached. To those who are distressed over their imperfections and failures the message of forgiveness of sin through Christ should be given. To those who try merely to separate themselves from the world should be brought the challenge of the great commission of Christ to go out into all the world. So doing they shall forget many of their personal problems and rejoice in the power of God to save men. Those who try so hard to be pious (when they really don't want to be!) should be led into the transforming grace of God and so experience that piety and godliness which comes from within as a desired and natural expression of Christ's life within us.

The Christian gospel, though it may involve sacrifice, suffering and persecution is, nevertheless, the power to save, a power which releases us from inner bondage, frees us from guilt of sin, releases the powers of godly personalities, and gives us a cause, which embraced, will enrich character, give life meaning and purpose, and insure a holy destiny.

A class in the theory of psychiatric nursing and care.

AN EDUCATOR LOOKS AT MENTAL ILLNESS

Karl Massanari

How may emotional health be fostered through the education profession? The following suggestions are offered:

Through the understanding on the part of the teacher of the needs of her students. The teacher is in a unique position, second only to the parent, in influencing the lives of students. The teacher must recognize and meet the child's need to be loved, to feel secure, to feel that he is wanted and belongs, to experience the satisfaction of achievement, to be active, to manipulate things, to explore and satisfy his curiosity, and to be dependent yet independent. It is the responsibility of the teacher, insofar as possible, to see that these needs are met directly, or indirectly through the provision of appropriate opportunities.

Through the provision of a wide variety and range of learning experiences for students. Individuals are different as to ability and interests. Emotional health can be fostered further if adequate provision for such differences is made in the curriculum. This means that the teacher must recognize the genius, the bright child, the slow-learner, the child who is handicapped—spiritually, socially, emotionally, physically, intellectually. Likewise she needs to know what the different interests of her students are. Emotional health is promoted when a wide range and variety of learning experiences are provided to meet the demands of differing abilities and interests. It is promoted further when appropriate teaching methods and procedures are used to implement such learning experiences.

Through the effective guidance of students. The emotional health of the student is promoted when he is guided effectively by his teachers in the selection of his vocation, in the matter of deciding whether or not to continue his formal education, in understanding himself, in adjusting socially to his peer group and his parents, in the selection of his life companion and in the establishment of his home, in the care of his body, in the wise use of his leisure time and in the formulation of his values and philosophy of life, i. e. in his spiritual growth. Effective guidance helps the student to see more clearly what his assets are as against his deficits, his strengths as against his weakness. In short, it helps him to know himself better. Consequently he can make his decisions more wisely. Guidance which causes the student to do this promotes emotional health.

Through the influence of a teacher personality which is emotionally healthy. The emotional climate in the classroom is determined to a large extent by the quality of the relationships between the teacher and students. If these relationships are what they should be, the teacher must herself be emotionally healthy. Some of the special prob-

of the teacher which frequently militate against good tional health are these: lack of recognition and ap- iation on the part of pupils, parents, patrons and agues; feeling of insecurity because of low salary or lack of tenure; lack of avocational interests—the her also needs the "3 R's": routine, recreation, and the strain of constant and intimate human contact; continual association with immaturity. The teacher t have a positive program to promote her own emo- al health. The influence of the teacher in creating a thy emotional climate in the classroom cannot be emphasized; she provides a model, a goal for growth he part of students. One maladjusted teacher affects es of pupils and perhaps even the entire institution which she works. This leads directly to the next sug- ion through which the education profession can pro- e emotional health.

Through an adequate program of teacher education. rogram of teacher education which fosters emotional th will in the first place put emphasis upon the uitment and selection of students for the profession are or who can soon become healthy emotionally and y other way. It will include continuing guidance of students through the program; The provision of selec- planned, and supervised laboratory experiences; care- and considered placement of candidates and an active gram of follow-up of teachers in service.

The educational profession has a responsibility to help vent emotional and mental illness among the people our land. It must not neglect that responsibility.

MENNONITE ATTITUDES TOWARD MENTAL HEALTH

Delvin C. Kirchhofer

Nothing is known of any research having been done mental health prior to World War II so it is difficult determine just what the attitude of Mennonites was. owing, however, that Mennonites have been pro- bially a retiring group taking care of their own who d help, it is to be expected that a large number of men- y ill were secluded in the parental homes, unless hos- lization in a state institution became absolutely essary. We have reason to believe that Mennonites in eral shared the common belief that mental illness of any kind was a disgrace to the family name and that mention of it was to be carefully avoided.

At the annual meeting of the MCC in December, 1945, a report was given by the Mental Hospital Study Committee. This committee had attempted, by sending questionnaires to 1070 Mennonites and Brethren in Christ ministers, to determine, among other things, the extent of mental illness and mental deficiency in their congregations. This was done to ascertain the need for church-sponsored institutional care. Of the 62 per cent response obtained, there was an average of one mentally ill person in each congregation; more than half of these were being cared for in the home and the rest in institutions. Of the mentally deficient in the 670 churches reporting, 68 were in institutions and 500 were being cared for in homes. These figures, though interesting, are hardly indicative of the attitudes of the various congregations as judged by our standards today because of the numerous other factors involved, such as the almost non-existent church-sponsored hospitals for the mentally ill and mentally deficient at that time, as well as the dearth of information on the general subject among our people.

It was quite a common occurrance, while admitting patients to Brook Lane Farm Hospital during the past few years, to have the relatives repeat over and over again, "It's the nerves, not the mind." The inference always was that it couldn't be possible that there was mental illness in the family because that would be so dreadful. Seemingly, to blame the "nerves" for any deviations from the normal behaviour of family members was much less humiliating than to admit that something other than physical was wrong. Even after the reputation of the hospital had been established and it had been proven that certain types of mental illness could be helped a great deal, there was still much reluctance in some Mennonite families where an illness fell into one of the above-named categories because, as they stated, "I'd *never* be able to live it down if I went to a mental hospital."

Fortunately, such reasoning is decreasing as people come to understand mental illness better. Many factors have contributed to public enlightenment on this subject. Certainly the experiences of the CPS men working in mental hospitals, the ever-growing number of Voluntary

A girls' summer unit at the Cleveland State Hospital, one of many such units following the close of World War II.

Service, 1-W and Summer Service Units, and others who have been or are now employed in our present church-sponsored hospitals as well as state hospitals, largely under the direction of the Mennonite Central Committee which has taken the initiative in the entire mental hospital movement, have helped immeasurably to awaken the public interest in this problem. Other helpful factors have been: the publishing of Frank Wright's book, "Out of Sight, Out of Mind"; the increased training in our medical schools, seminaries and schools of nursing so that doctors, ministers and nurses might better be able to detect the early signs of mental illness so that early treatment might be begun; informative literature, church-sponsored mental health institutes, symposiums, increased counseling service as well as the personal experiences and testimonies of relatives and friends in the communities—all have made valuable contributions to the more hopeful outlook for the mentally ill of today.

III. Concerning Treatment of Mental Illness*

BY D. D. EITZEN AND OTHERS

From a Mennonite point of view, a Christian's devotion to God and his devotion to his fellowmen are but two sides of the same hand. His devotion to fellowman includes a concern for his total well-being and his fulfilling a meaningful role within God's human family. This humanitarian interest is couched in a sensitive concern for everyone's relationship to his Creator.

Until recently this has involved but a two-fold ministry; 1) A generous sharing of material things with those who are in economic and physical distress; and 2) a humble proclamation of an evangelical message supported by ethical living which is motivated by love.

Because of the demands of World War II upon the citizens of our country, our young men, and we with them, became involved in a ministry to people in mental hospitals whose intellectual judgment and overt behavior became warped by over-whelmingly strong feelings; feelings which were shared by practically no one else. Until we became truly intimately acquainted with this poignant form of human suffering and 'lostness'†, we had spoken of it as "demon possession," "crazy," "mental illness."

It is not uncommon for the emotionally-ill to be regarded by the rest of us as "moral lepers." Such patients have feelings which are entirely subjective. They have attitudes which are not defensible in logical terms and so it is difficult to avoid the implication that "it is just his imagination" and that he should make up his mind to be sensible. The term "crazy" simply indicates that since the individual does not agree with the rest of his fellows in his evaluation, he is different in a most unfortunate way. The best one can do for him is to tolerate him. The term "insanity" virtually means the same thing. It is essentially a legal term and designates an individual who is irrational. In order that he not be a menace to himself or to fellowmen, he must be placed under custody.

It has been observed that when individuals have brain tumors, neurological damage due to chemical or mechanical causes, hormone imbalance or other biological pathology, their social behavior is bizarre and their ideas and attitudes are irrational. This explains why some people regard *all* forms of social maladjustment as well as inner conflict as a pathology of the central nervous system. Hence the designation, "mental illness." If 'mental illness' were merely a medical problem, the 'cure' would consist entirely of 1) drugs or surgery for combating bacterial invasion; 2) exercise; 3) rest and change of environment; 4) diet; or 5) sedation. In relatively recent years it has been discovered that an experience of "shock" which produces convulsions often relieves the symptoms of irrationality and social maladjustment. Scientists are not in a position to offer an explanation as to what happens in the administration of shock—just how an individual is helped in this way. Since, however, the symptoms of certain particular syndromes, such as "depression" are often relieved by this procedure, many people feel that it is not really pertinent to understand just what is happening as long as it enables a certain percentage of patients to assume a role in society. Shock treatment is a medical expediency which is still based primarily upon empirical results.

It might be helpful to be clear about a few terms. A medical specialist dealing with irrational behavior is a "*psychiatrist*," a non-medical specialist is a "*clinical psychologist*" or a "psychotherapist." His academic quali-

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† Single quotation marks are used when the term may be used in several different ways.

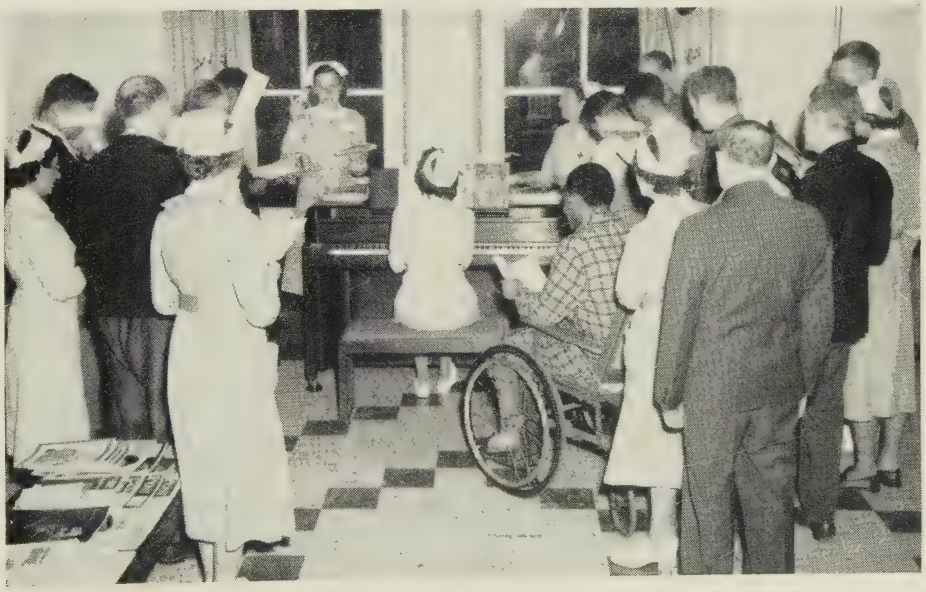
tions are a Ph.D. in the field of psychodynamics. (If psychiatrist" or a "psychotherapist" is a disciple of udian theory, he is a "psychoanalyst." 'Normal' or otionally mature' people are relatively spontaneous, cient, creative, responsible, and dependable. They are ing and loveable; maintaining a balance between self-ject and fellowship. The "psychoneurotic" person is racteristically hypersensitive and inflexible, being mpered by painful selfconsciousness. He doubts his sonal judgment and feels generally 'inadequate' and worthy.' He wrestles constantly with specific but un-rranted fears as well as pervasive feelings of anxiety. s is a life of "quiet desperation"; though many *over-*mpensate by being compulsively talkative and active. e "psychotic" is so utterly discouraged to cope with in ways which are meaningful for him that he lives the security of his own fantasy and delusion. For him, se satisfactions must be "the real" or he can't live. When a patient who suffers from anxiety (due to re-ssed inner conflict) also feels the rejection of 'loved es' because they do not understand him, we do him a ss disservice; this disservice also obtains 1) if we iso-e him from 'healthy' fellow beings, even though we nvert a mental hospital into a palatial hotel; 2) when clinical psychologist or psychotherapist deals *exclu-ely* with the emotional and spiritual involvements of patient's maladjustment, ignoring the intricate biologi-involvement which may be the sole or partial cause of aberration; 3) when the medical specialist is satisfied th the mere removal of symptoms, by-passing profes-nal consideration of the psychodynamic and spiritual ets of the patient's conflict.

Probable Motivational Sources in Emotional Illness

The German language uses the term *Gemütskrankheit* hich refers to unwarranted moods or an illness of the emotional reactions of a person to life's situations and problems. One might broaden this to say that when an individual cannot cope with the problems of life in such a way as affords him self-respect, then he is prone to react with all manner of unfortunate *over*-compensations. A frequent cause for a dramatic breakdown of morale and self-respect is the inability to say "no." This is usually due to the fact that such a person does not have real confidence in his own judgment and therefore depends upon the suggestions or assumptions and expectations of other people. This in turn is caused by the fact that he has grown up in an over-protected relationship—one which did not allow him to stand on his own two feet at his own expense. He had a parental environment which implied that whenever he followed his personal judgment it was rather obviously inadequate, if not entirely so. The solicitous parent, exclusively interested in his welfare quickly made a decision for him before he could make a mistake. This, of course, implied that, if left to his own devices, he would not only be injured but the mistake might be fatal and irrevocable.

One writer points out that a person whose early environment was 'soft' and indulging may therefore become a "clinging vine" or a "star" personality; a person whose environment was harsh may become a "Nero" who must smash his environmental barriers or he may assume the role of a "pseudo-moron."

The most poignant aspect of this tragedy is that with time this self-depreciation increases "by compound interest," as it were. In order to assuage the intolerable pain of self-negation (The theologians Kierkegaard and Tillich refer to it as "the dread of non-being"), this self-hate is projected upon those who make one particularly aware of one's helplessness. This hatred of others is in conflict with his Creator-implanted need for a sense of integrity. Over-work, which is characteristic of such a condition, is not the cause of the "breakdown"; rather, the



creational therapy as used one of our state hospitals. ch occasions release ten-ons and help patients to re-scover the values which give em a sense of wholeness.

Activity room at Kings View shows use of therapy.

disorderliness. This discovery generates feelings of hope in the direction of self-worth. The 'cure' is not so much in the patient's discovering the origin of his mis-attitudes load of such a snow-balling sense of unworthiness eventuates in a "breakdown." Another individual who projects self-hate upon others becomes more and more suspicious of others, feeling persecuted or, he attacks his environment, receiving in turn the treatment of a criminal.

Objectives of Psychotherapy

The scientist and the Christian both share the conviction that pain and fever, both illustrations of pathology, are actually blessings in disguise in that they herald the fact that something is wrong with the organism. Somewhat like that, anxiety is a 'cosmic' signal that a person who is intended to be a "laborer together with God" is fast approaching a stage of moral invalidism. There is a growing conviction among scientific students of human motivation and emotional reactions that 'psychic pain' referred to as "anxiety" is therapeutically significant. That is to say, it is of basic importance that the sufferer become aware of and learn to understand both the reasons for his anxiety and its value before he can become a whole person with wholesome reactions.

Described in very general terms, psychotherapy involves steps like these: 1. The sufferer, whose sense of basic and helpless unworthiness becomes unbearable, comes to the point where he must seek help for relief. 2. He comes to a psychotherapist, who, by virtue of his personal appreciation of suffering in terms of anxiety, his 'objective' training in psychopathology and his prolonged experience of supervised practice in dealing with people in an emotional quagmire, is in a position to see some valid reason for the development of true personality organization and an experience of worthy selfhood in the dejected or over-compensating person before him. 3. The 'faith' of the therapist in the neurotic's destiny and potential, means that the therapist does not substantiate the patient's distrust of himself. As a result it is possible for the patient to verbalize how he feels toward life and ultimately toward himself. Since there is at least a modicum of *understanding* on the part of the therapist, the patient discovers the probability of an orderliness about his toward life; it is rather that when he describes these subjective and logically unwarranted emotional reactions which are characteristic to him, he begins to see them in perspective and develop a beginning of objectivity about his subjectivity. 4. The drive of life—the patient's need "to be" and "to become" the utmost of his God-implanted potentialities! This genius of life generates hope, aspiration and ambition as well as determination and a will to self-assertion. These experiences, in turn, lead to self-respect and a sense of freedom to dedicate his powers toward Godly ends.

It is at this juncture in psychotherapy that the public often has difficulty in appreciating the ultimate reliability of what goes on in psychotherapy. Until now they knew 'the patient,' though dejected and unhappy and not too effective, as an individual who did not threaten them. Yes, he was admittedly odd, but this is the way he is. Now suddenly he begins to assert himself; he becomes a challenge to them. People who assert themselves inspired by a sense of desperation are not sure of themselves and are therefore prone to over-do. Such unusual behavior threatens his fellowmen who did not know him in this way before. People in the patient's environment need to be helped to understand the necessity of this transformation in the patient. 5. The next step in psychotherapy is to lead the patient into an experience of appreciating "The Transcending Whole" (religiously referred to as the "Will of God") of which he is a part. With continued supervision of the psychotherapist, which is understanding and therefore gentle but firm, the patient is led to experience the unique satisfaction of mutuality—a relationship in which neither he nor the other person is self-assertive in his own right but where both are self-assertive in a cooperating and complementary way. This results in the emergence of values and satisfactions which are impossible without an experience of "creative togetherness." 6. The last stage of the therapeutic process is for the patient to realize that he is now no longer an essentially dependent person but instead he is relatively autonomous—he is released from compulsions to save himself and free to enter into mutually-creative relationships. Self-discipline toward this end is the acme of emotional and spiritual maturity.

A therapeutic program, somewhat like the above is arrestingly parallel with Biblical theology, historical Christian doctrine and the distinctive emphases of the Mennonite faith. It is not a mere accident of history that the Mennonite Central Committee, in a dedicated effort to deal redemptively with the diabolical forces of warfare, should lead forth in a spirit of humble courage to implement the spiritual heritage of our people with a rehabilitation ministry to fellowmen who are in the clutches of self-defeating compulsions.

IV. Meeting Human Needs

Y JACOB D. GOERING, ARTHUR JOST AND ELLA JUDY HARDER

THE PROFESSIONAL APPROACH

Jacob D. Goering

TOP responsibility for the care and treatment of emotionally disturbed individuals in our time rests with the medical profession. Therefore, any oup or individual wishing to operate and maintain a spital for mental and emotional disturbances must ob- n a license from the state department of health or de- rtment of mental hygiene as the case may be in that rticular state. Regardless of the title, this licensing agen- is usually composed primarily of medical doctors. In dition, the American Medical Association may make an vestigation and approve the institution. This stamp of proval means that the hospital in question is operated cording to the standards acceptable to the American edical Association. This fact is often a source of con- lerable comfort and reassurance to a patient or his fam- when hospitalization becomes necessary.

In order to properly qualify for certification and lic- sing, a mental hospital must have as head of its medical aff a properly qualified psychiatrist. This means that must hold an M.D. degree, and have three additional ars of training to acquire the necessary skill in treat- g nervous and emotional disorders. He is the one who rects the therapeutic program, and is himself often e therapeutic agent most centrally involved in the eatment process.

The patient in any hospital has a right to expect treat- ent to be professional. It therefore becomes necessary to ow precisely what is meant by this term "professional." o most of us being professional probably means pos- ssing the necessary skills and knowledge usually asso- ated with the successful practice of a particular calling vocation requiring special training. In the field of medi- ne that would mean having the ability to diagnose ac- urately, understanding etiology and usual course of the sease, being able to prescribe properly, and administer- g medications in a surgically clean, antiseptic and hu- ane manner. In addition, the physician and allied per- onnel is expected to conduct his practice according to ccepted ethical standards. Beyond this type of mechani- al handling of a situation little else is required in most eneral medical settings. The relationship between the edical personnel and the patient may be quite imper- onal.

In a psychiatric setting where only somatic approach- are used, it is conceivable that very little else is re-

Patients and personnel playing basketball at Kings View.

quired. The usual medical standards and routines as suggested above would indeed be adequate and "professional." However, very few, if any, psychiatric patients can be treated adequately in such a mechanical manner. Usually one must treat the whole person, so that if a mechanical therapy is used, it must be supplemented with some psychological therapy as well. In many, if not most cases, psychological therapy or therapies alone are used. In such instances the definition of what is "professional" must be significantly altered.

To be professional in the treatment of emotional disorders means to possess certain characteristics and skills which vary from other professions in their order of importance. The first and most essential ingredient is that of an outgoing warmth and love for people. This quality alone will not make a person professional, but without it a person is not really qualified for this high calling regardless of his achievements in the legal or academic sense. The healing balm which is so effective in most functional emotional disorders is a warm relationship properly handled or supervised. To be sure, it is essential to add to this quality a certain level of intelligence, an adequate understanding of human motivation and behavior, objectively, and some specific mechanical skills. But the core of the qualities which those working in this field must possess in sufficient quantity so as to produce the proper emotional climate for the healing of disturbed emotions is love for people—warm, friendly, outgoing and genuine.

The second quality is that of humility. This means to respect the patient's personality and self-responsibility. It means to be free from the temptation or at least the compulsion to "play God" and to "lord it over" another person.

That group which can generate this type of environment and bring to it the necessary skills is truly professional in the best sense. It is out of this kind of soil and in this kind of climate that healing comes to broken lives, and new life can once more be undertaken by many.

SERVING THE FAMILIES IN PSYCHIATRIC CASES

Arthur Jost

1. The first step towards healing an emotional illness is to recognize and accept it. As a patient must accept a diagnosis of appendicitis before surgery can remove the infected part, so emotional illness must be recognized before it can be treated.

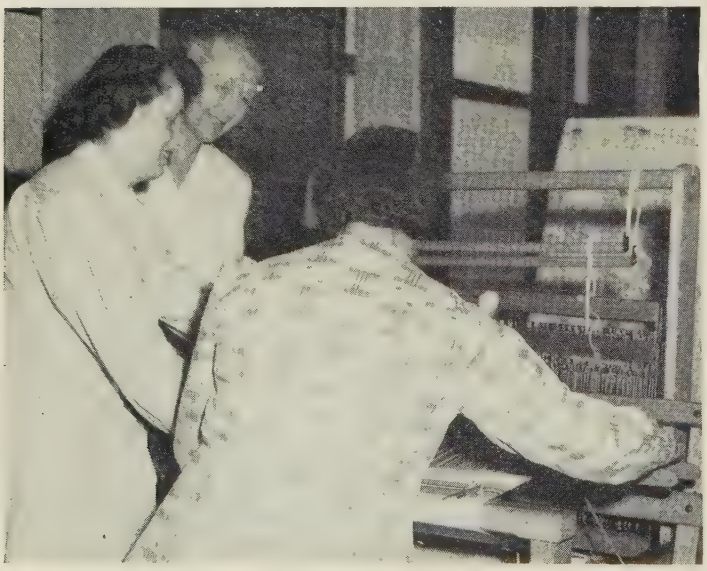
Largely because of the success of surgery and medical treatment, the physical illnesses are more readily accepted. Although emotional illnesses are now hard to accept, it is conceivable that with successful treatment and a better understanding this may change in the future. Historically, the way to a mental hospital was considered a one-way street. The large impersonal institutions were usually fraught with mystery, shame, and a point of no return.

It is commonly found that patients who are emotionally ill will go from one physician to another with various physical complaints. Even though he may be advised that he is suffering from emotional illness, he may insist that his difficulty is physical.

Because emotional illnesses are so little understood, there is frequently considerable guilt and shame connected with its incidence. Often an experience or weakness in personality is pointed to as the cause for the breakdown. Lack of information and oversimplification, therefore, lead to needless feelings of blame and disgrace and may be a real factor in precluding acceptance of the illness and treatment. It is at the point where the patient accepts the fact that distorted and displaced emotions are a factor in creating the difficulty, that the patient seeks help seriously.

2. (a) While in many communities it is a real problem to find adequate treatment facilities, some guidance services usually exist for the sincere seeker. Almost every family knows of a physician or a trusted friend who has had experience in referring an emotionally disturbed patient for treatment. Ministers and friends may know about professional counsellors and clinics where help is available. The patient or his family must be guided largely by others who have their interests at heart in such periods of emotional stress.

A patient in a state hospital is assisted in starting a rug.



(b) Frequently only one resource for treatment is advised. However, some ministers or physicians may have several alternatives in mind. They might be aware of public clinics as well as private practicing psychiatrists. Very often costs will play an important role in determining which type of help shall be sought. If private services are desired, the psychiatrist will be prepared to discuss fees with the patient or his family. Where the illness is faced sincerely it will be found that in most situations private psychiatric services are available and possible to the average family.

(c) A serious question is faced when hospitalization is recommended by a clinic or a psychiatrist. In addition to the financial problems there are other factors involved in the adjustments. Children frequently must be placed and housekeeping arrangements effected, even though perhaps only for a short period. These circumstances should be met by the family in such a manner that the patient experiences a minimum of anxiety.

If a state institution is considered, finances may not be such a serious problem. The family should be realistic about the program and facilities offered by the public institutions. The most serious defects are the lack of contact between staff and the family during treatment and lack of follow-up after release. The impersonal, non-religious atmosphere of the average public institution is to be considered as real factors. While public institutions now publish discharge rates up to 50 per cent of admissions, it should be recognized that the real results of the public institution treatment program remain largely unknown.

Hospitalization in a private sanitarium frequently insures treatment of high quality. Unless one can be reasonably certain of the end goal in terms of time and finances, this is a precarious course. Too often an anxious family in an effort to provide the best facilities has found itself financially broken before it was fully oriented to the problem.

The church-related hospital represents an effort to provide preferred treatment at a low cost. As a non-profit operation the rates are such that will permit a period of hospitalization so that a full study and evaluation can be made without creating a great financial problem. With the counsel of a sympathetic administration and physicians the situation can be evaluated from time to time.

Certain factors weigh heavily in favor of hospitalization in church-related institutions. The personal contact, the enlightened and individualized approach and the Christian atmosphere are important factors. Efforts are made to work closely with the family during the hos-

talization of the patient so that some of the factors ntributing to the illness may be eliminated or amelior-ed. A real concern for the patient upon discharge is a aracteristic of the small hospital. The patient's welfare id the family's interests all weigh heavily in considering is discharge.

3. Problems that need to be discussed from time to me during the hospitalization include treatment progress r the lack of it, the financial situation as it relates to ospitalization and the degree of confidence of the family i the hospital staff.

The family should avail itself of every opportunity o speak to the physician and the administrator regarding hese problems. Complete frankness is advised in order o allay as much anxiety as possible on the part of the amily. The ultimate success in treating the patient is ot unrelated to the success of the hospital to gain good apport with the family. The family and the hospital nust regard themselves as a therapeutic team.

4. Rehabilitation of the discharged patient is not an "all or nothing" affair. Some patients will do well to live he remainder of their life in a sheltered environment. In one case the patient may be placed in a foster home where caretakers give a certain amount of supervision. n another case the patient may return to his job and family of little ones. Each can be considered a treatment success. The physical and emotional conditions before and after treatment will largely determine the type of re-abilitation that is to be recommended.

Here again the cooperation of the family is critical. If he family has been carried along during treatment, they will follow the hospital in the rehabilitation program that s recommended. The insight which they have developed will identify their interests with those of the hospital's. If the patient shall come home, the family will be natural and will treat him much as he was treated by the hospital staff who got him well.

Further questions that will be raised in conjunction with the patient who returns home are to be considered. Quite probably the patient will be advised to return to the hospital or the doctor periodically for a check up and a progress report. If this is not convenient because of distance, the physician may refer a psychiatrist close to the patient's residence and provide him with a discharge summary or case history. Questions relating to work, care of children, and how soon to assume responsibility should be considered carefully with the psychiatrist. It may be that the nature of the illness gives cause for the physician to recommend a change of vocation. Perhaps children must be placed because a mother is unable to function in her role because of her condition.

Many of the measures prescribed by the psychiatrist which he terms preventive or prophylactic may not make sense or even seem reasonable to the patient. Often the family cannot see all of the factors involved. However, the interested and understanding family will carry the patient along because of the insight and confidence in the therapeutic team down at the hospital where the patient got well. The patient can feel that the family knows best because they were a part of the therapeutic team.

THE CHALLENGE OF PSYCHIATRIC NURSING

Ella Judy Harder

Psychiatric nursing has entered into a new era within the last twenty years. It offers many real opportunities for service, and exciting adventures in human relationships and development of character. No other work can carry one closer to the heart of humanity when it has reached its lowest ebb. Nor can there be a finer motivation for service than to be an instrument in the treatment and care of emotionally sick people.

To work effectively and understandingly with the mentally ill it is essential for the treatment team to realize that psychiatric patients are a group of people who are ill for understandable and scientifically proveable reasons, not too unlike those who suffer from any other illness. They are to be treated sympathetically and scientifically, and with efficient understanding by the nursing personnel. Psychiatry has proven again and again that these patients are sick in their capacity to relate to other people. The pathology lies in the distortion of attitudes, feelings and emotions. Nursing care must then center on modifying pathological moods and in strengthening wholesome emotional responses.

Nursing in a psychiatric hospital is vastly different from nursing in a general hospital. Medical and surgical nursing has taught the nursing personnel to give the patient something tangible to alleviate pain and suffering. In a general hospital the patient's illness is usually quickly labeled, evaluated, treated, and usually the recovery is rapid. The diagnosis is all important, and treatment is fairly well standardized. Problems encountered are usually such things as having the necessary equip-

Occupational therapist helping patient make pottery.

Nurse charting patient improvement and a game of horseshoe at Brook Lane Farm.

ment, or perhaps simply the patient's physical condition. Satisfaction is usually gained by witnessing almost immediate recovery.

In psychiatric nursing the giving of help is often intangible. There are no drugs that will take away fears, anxiety, distrust, anger or despair. The psychiatrist cannot leave specific orders that can be carried out mechanically by the nursing personnel. The illness is not readily diagnosed; in fact, the diagnosis is relatively unimportant, for it does not establish what type of treatment is needed. The prognosis is often "guarded." Immediate recovery is rarely seen. The giving of help is then in creating an atmosphere in which the patient can experience healthy human relationships.

It is a difficult task to organize and maintain a therapeutic environment because the personnel's own social skills, interests and personalities must be utilized and geared to the patient's needs. It is not always easy to become personally involved in the patient's welfare, to exert a positive influence through one's own behavior, or to become a wholesome companion to one who feels depressed and defeated. Physical environment is not nearly as important as "personality" environment. The patient's return to health depends largely upon the willingness on the part of the staff to work constructively *with* the patient rather than *for* him. Working with someone promotes an attitude of friendliness, a feeling of well-being. Working constructively towards a goal lifts the morale, helps to regain self-confidence and stimulates self-respect. The joy patients derive from working together with the nursing personnel can be witnessed repeatedly in the hospital setting. What promotes this happiness is usually not so much the learning of new skills nor the diversion from former routines which life in a hospital affords, although this may well help. The main factors, however, are learning once again to successfully establish social contacts, and to derive a feeling of security from working successfully with others. This is indeed a satisfying experience. If it is repeated often enough so that it becomes a common experience, a defeated person may once again muster enough courage to be and to live.

To be a member of the team which promotes this type of healing is the high privilege of the psychiatric nursing personnel.

V. Allied Resources and Services

BY PAUL ALBRECHT, CARL F. SMUCKER, AND PAUL MINNINGER

PROFESSIONAL TEAMWORK

Paul Albrecht

SINCE the treatment of the mentally ill has come out of the shadows into the light of respectability during the last century, many professional groups and agencies have become involved in some aspect or other of this treatment. More recently, concern for the problem of preventing mental illness has brought even more professional groups into this field. The number of agencies and professional specialties is now so large that it is difficult for the layman—in fact even for the specialist at times—to be able to judge the effectiveness of the various groups and to decide which should be used in a given case or situation.

But these professional groups are not merely competing with one another. The problem of mental health is very broad and may cover almost any aspect of human experience. Mental illness may be caused or precipi-

ed by such diverse things as physical damage in the in, an infectious disease of the nervous system such as hilis, a serious disturbance in parent-child relation-ps, a severe maladjustment in the work situation, or stress of an unusual experience such as military nbat—to mention only a few. In addition to the com-cated causes and trigger-situations in mental illness, carry-over of old prejudices and occasional long hos-alization brings many related problems. For example, nmitment to a state mental hospital may in some tes be a legal process and involve legal implications, or times the loss of the earning member of a family in spitalization for a period of a year or more may cause ere financial crises. Furthermore, because of some gering prejudice against former mental patients, the uring of a job after a mental illness may be a prob-n.

So it is understandable, indeed fortunate, that many ofessional groups have become concerned with this oblem. After the manner of human beings, these groups casionally do battle with each other about the limits their spheres of influence and authority, but the recog-ion that the problem is so vast that all the present encies and more are needed has led to the concept of the eam" approach in the field of mental health. This is e attitude now held by most enlightened practioners. ost mental health clinics, for example, have representa-es of several professional groups working on their ffs.

Medically trained men and women carry the brunt of e load in the treatment of the mentally ill. General actioners, the family doctors, are frequently the ones ose professional service is first requested in mental ness. If the illness is acute or of long standing, the doc-will refer the case to one of the medical specialists *ychiatry* is the broad medical specialty which covers e diagnosis and treatment of mental illness. If the major problem in the illness seems to be one of physical disease or injury to the brain or nervous system, a *neurologist* will be the one primarily involved.

Other non-medical professional groups are also involved in some phases of the treatment of mental illness in a medical setting, mainly psychiatric social workers and clinical psychologists. Both of these specialists are quite new. *Psychiatric social workers* frequently assist the families of mentally ill patients in their problems, helping them to understand necessary procedures if an institution is involved, helping them to secure public assistance in some cases, or at times assisting with the treatment itself. *Clinical psychologists* are frequently specialists in diagnostic testing, particularly if the difficulty is primarily of a social or emotional nature. Psychologists are also frequently involved in the treatment process as well.

But the medically-oriented treatment of advanced mental illness does not by any means cover the whole field of mental health. Large public schools frequently have specially-trained teachers, often called guidance teachers, who can help students with emotional problems. Many *child guidance clinics* have been set up by schools and other agencies to aid parents with emotionally disturbed or retarded children, frequently working with both the parents and children. Most colleges have facilities for counseling with their students on a wide variety of problems and some have facilities for helping people in their communities as well. *Family service agencies* are to be found in nearly any fairly large city which can be of help in providing counseling or in developing programs for family life education aimed at preventing family difficulties.

In the field of prevention there are also *state* and *national mental health agencies* whose work is described in the next section.

Ministers as a professional group have always been

(Left) Social service worker interviewing patient who is about to return home and (right) as a procedure for diagnosing emotional disorders, a patient is being given the Rorschach test.

intimately involved in the experiences that people have in their times of personal or family crisis. Many seminaries, including Mennonite Biblical Seminary, are now providing special instruction for ministers to improve their skill in dealing with emotional problems and in recognizing when the skills of other professional groups are needed. Mennonites are also pioneering in the establishment of treatment hospitals for the mentally ill—an area in which few church agencies have worked.

Unfortunately, most of these agencies and services dealing with mental health are unduly concentrated in the large cities. However, medical people or the social worker with the county department of public welfare usually are familiar with available facilities and services of both a private or public nature. But most of the work with emotional problems and the promotion of mental health in less highly populated areas is done by non-specialized professional persons: the doctor, the minister, and the teacher. The professional training now being received by these people fortunately is placing more and more emphasis on insights and skills which will make these professional people continually more adequate in the prevention of mental illness.

THE USE OF ALLIED RESOURCES AND AGENCIES

Carl F. Smucker

It is necessary that we be acquainted with the various resources and agencies working directly in the field of mental health. These can be divided into three major divisions. First, the national agencies, both governmental and private. Second, the state agencies, both governmental and private, and local agencies on a governmental and private basis.

National Agencies

The major national governmental health agency is the United States Public Health Service under the new Federal Department of Health, Education and Welfare. The Public Health Service is responsible for administration of the National Mental Health Act of 1946. This Act established the National Institute of Mental Health which administers the $10,000,000 granted annually by Congress. The main purpose of the Act is to enable the states and local communities to develop and expand mental health services. Funds are provided to institutions and individuals for research. Grants go to states which match every two federal dollars with one of their own. This is for mental health programs such as mental hygiene clinics. Special financial support is given for training of selected candidates in mental health skills and employment of trained mental health personnel to serve in schools, industries, juvenile courts, welfare and health agencies. Grants-in-aid are authorized to help non-profit institutions develop and improve facilities for training mental hygiene personnel.

The major national resource in the private agency field is the National Association for Mental Health. This agency was formed in 1950 as the result of the merger of the three major mental health organizations: the National Committee for Mental Hygiene, and the National Mental Health and Psychiatric Foundations. This national association with offices at 1790 Broadway, New York City 19, New York is carrying on a program designed to promote mental health by bringing to the public—via films, radio and written word—some understanding of the new science of human relations. The association works to further the care and rehabilitation of those with nervous and mental illness, and of the mentally retarded. Its legal section endeavors to improve legislation and legal practices relating to the mentally ill; for attendants it publishes handbooks and a periodical and sponsors two national awards. It also sponsors the inspection and rating of mental hospitals carried out by the American Psychiatric Association. The President is Oren Root and the medical director is George S. Stevenson.

State Programs

The state mental health authority is generally the State Health Department or the State Department of Mental Hygiene. Each state can share in the resources available to them under the National Mental Health Act mentioned above. A typical mid-western state has the following bureaus within the Division of Mental Hygiene of the Department of Public Welfare.

1. Bureau of Administration
2. Bureau of Prevention, Education, Guidance Centers and Community Clinics.
3. Bureau of Professional Services
4. Bureau of Mental Hospitals
5. Bureau of Support
6. The Advisory Council

Ohio has moved to the forefront in three new phases of its total program:

1. Three units for children with emotional problems have been established as a separate facility in connection with three state hospitals.

2. Established a chain of nine receiving hospitals for the prompt and intensive treatment of early incipient mental illness. None of the outmoded methods of commitment are used.

3. The establishment of twenty-four mental hygiene clinics for such problems as fear of failure in marriage, worry about raising the "unmanageable" boy, inability to get along with people at work or socially, or more serious disturbances.

The Division of Mental Hygiene in Ohio spent $31,619,596 in the 1952-53 fiscal year.

There are also private agencies on a state level working in the mental health field. Some state wide societies are organized by professional persons; in others laymen carry on the program. Every citizen has a stake in the work of these state organizations and should support the efforts made to overcome the erroneous attitudes of the public toward mental illness and in helping the state

vernment formulate a progressive mental hygiene pro-
m.

Local Services

There are a number of allied professions which involve
ationships with the mental health profession. These in-
de local physicians and their medical society, the
ools, the social service agencies and the church.

The local physician should be in a position to know
at resources are available to the patient. One may
referred to a psychiatrist and if the psychiatrist be-
gs to the county medical society this is evidence of
good standing. It is even more important that he be
member of the American Psychiatric Association. If he
lds the diploma of the American Board of Psychiatry
d Neurology, so much the better.

Schools are in the forefront in the field of prevention
emotional illness. A valuable contribution in this area
s been made by H. Edmund Bullis who is a consul-
nt in the Delaware State Society for Mental Hygiene,
ilmington, Delaware. He has originated weekly "Human
lation Classes" which is a positive method of teaching
mental hygiene principles.

Family social work is a form of social casework
cusing on family life and family relationships. Current
velopments include marriage counseling, charging of
es for those able to pay for this professional service,
mily life education and a strengthened personnel pro-
am, which now includes graduation from an approved
aduate school of social work as a minimum require-
ent.

Vocational rehabilitation services provide a definite
source for mentally ill patients who have possibilities
r eventual employment. The local rehabilitation offices
n be located through the state department of education,
the state department of welfare.

Persons eligible include those with emotional disabili-
es which prevent or interfere with a person's earning a
ving in accordance with his best ability. He must be of
ork age, have a job handicap because of physical or
ental disability and have a reasonably good chance of
coming employable.

Social service agencies also deal with basic problems
placement of children when this is made necessary. The
ild care agency always works with the mental health
gency to coordinate the child's return to the home with
e return of the patient to the family unit. The family
ay need economic aid while the father is under treat-
ent and this process is most important to the improved
ental health of the patient while he is in the hospital.

Another of the social services being used more fre-
iently by mental health agencies is the family care pro-
am. This plan is the supervised placement of patients
private homes in bridging the gap between hospital and
mmunity.

In most cities and many rural areas caseworkers and
on-specialized professional persons are to be found.
ney serve on school staffs as social workers, with social agencies and other organizations concerned with human well being. In child guidance centers, or mental hygiene clinics they are on the team with psychiatrists and psychologists.

The Church as a Resource

Paul Mininger

The church must remain true to its task as set by Christ himself. This would include the concern for those with emotional troubles as Jesus himself showed in his teaching, preaching, healing mission. He came to give abundant life. Paul, too, taught that a Christian's mission is to effect reconciliation between man and God and man and man. Certain basic facts must be taken into account: The fact of sin, and the fact of God's plan of redemption, a plan that becomes effective by faith and through the work of the Holy Spirit.

The church has valuable resources for effective mental health work. For the problem of selfishness, there is love; for guilt, forgiveness; for loneliness, fellowship; for meaningless, purpose; for despair, hope. The function of the church may be preventive, curative, in detection and referral of cases, in cooperation with professional help, and in giving help to a patients' family. In preaching, the church can be helpful by a balanced emphasis on the law and the gospel, in preaching that is relevant to the problems of life. The church can contribute by giving personal counsel, in providing fellowship and nurturing wholesome home environment. The church should make sure that the mental health of the minister is sound.

MENTAL HYGIENE SOCIETY

Carl F. Smucker

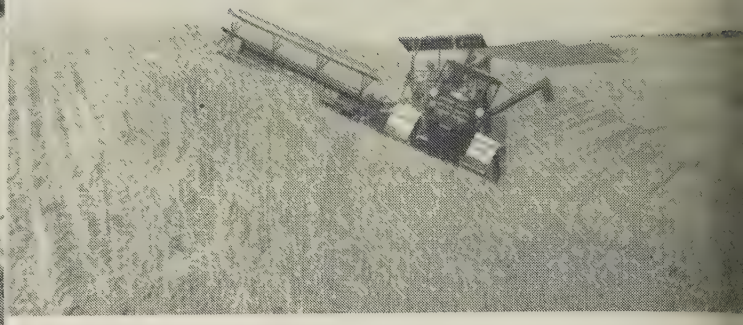
The local mental hygiene society is a type of organization included in the allied professional group because its chief function is an educational approach and coordination of services. It does not give direct services to people such as is provided in a guidance clinic. It is composed of people from the various related professions as well as interested lay representatives.

Referrals—First-aid

The local minister may be the first to have contact with the family when mental illness strikes. He, too, has had an opportunity to see unhealthy patterns of behavior. He may have knowledge of unusual behavior such as worry, nervousness, sleeplessness, and fatigue, depression, temper tantrums and sexual deviations. If he sees such behavior he should discuss these frankly with members of the family in order to determine a course of action. He should refer the person to the family physician who may help determine if a psychiatrist is needed. He may use a local social agency if the conflict can be resolved by expressing one's feelings and perhaps relieving the guilt, which in turn helps the person think constructively upon the cause of the conflict.

How can you recognize the symptoms of mental ill-

(Continued on page 143)



Combining wheat on the Ira Aeschliman ranch. Header end is higher than combine which rides level. (Left) Scene in the hills.

THE COLFAX

By

THE old adage that one-half of the world doesn't know how the other half lives is as true of members of religious families called denominations as it is of conditions in the world in general. Members of the Mennonite family are scattered widely throughout the world, but even in the United States those in one part of the country are often unfamiliar with the ways of life and the methods of earning a living of their brethren in other areas. Wherever people live, their manner of life and their ways of earning a living are affected by their environment.

The Colfax, Washington area is located in the southeast corner of the state near the Idaho border. The topography of the land is generally rugged. It is a dry-land farming area and their methods of farming are in sharp contrast to those used in most other parts of the United States. Before describing in detail these methods let us first explain how the Mennonites happened to come into this area.

The story of the founding of the Colfax Mennonite community is the story of youthful pioneering on the part of young people. The early leaders were Paul, Fred and Sam Aeschlimann and William Reuben (later changed to Rubin) They came from Switzerland to Pulaski Iowa in 1884. After remaining for two years in Iowa they decided to seek for permanent homes farther west. At the time cheap land was being offered in the state of Washington so these three young men investigated and found the possibilities promising. They reported their findings to their kinsmen in the east and within a few years additional families joined them. At first the group worshipped in private homes; then for two years in the Onecho schoolhouse. J. B. Baer, a field secretary and traveling minister of the General Conference Mennonites visited the community. Here in 1891 the First Mennonite Church of Colfax was organized. This also was to be the first Mennonite congregation to be organized in the state of Washington. Paul R. Aeschlimann was elected pastor and continued to serve this congregation for a period of forty-four years. During this time he helped to organize many of the other congregations in the Pa-

Washington pioneers. (Standing, left to right) S. R. Aeschliman, Ernest Aeschliman, Mrs. Ernest Aeschliman, Chris Ummel Fred Aeschliman, Mrs. Fred Aeschliman, William Rubin, Mrs. William Rubin, Paul R. Aeschliman. (Seated) Mrs. S. R Aeschliman, Mrs. Chris Ummel, Mrs. Sophia Schluneger and Mrs. Paul Aeschliman. (Right) Former Mennonite Church showing yellow paint marks received during World War I.

oking north over the Alvin Rubin ranch and (right) extensive asslands along the Snake River at Almota, Washington.

COMMUNITY

c District Conference. He was followed in the ministry W. Harley King who served from 1936 to 1946. Since time P. D. Unruh has been giving vigorous spiritual lership to this congregation.

A unique aspect of this congregation's sixty-year his- is its affiliation with a Methodist group which had n organized prior to the Mennonite group. Both the nnonites and Methodists have separate organizations have worshipped jointly for over a half century. The nnonites own the church building and the Methodists ply a pastor on the second Sunday of each month. h group supports its own minister. Perhaps no other nnonite congregation has such a working relationship n another denominational group. In 1953 the Men- ite congregation consisting of thirty-seven families a membership of 137. There are twelve Methodist ilies in the group. In 1953 the name of the congrega- was changed from Colfax Mennonite to the Onecho Mennonite Church, from the name of the school in the area.

Earning a Living

Of the thirty-seven Mennonite families in this community all but four earn their living as farmers. This brings us to the interesting aspect of farming in this part of the country. The sizes of the farms range from eighty to two thousand acres averaging about 320 acres per farm. What is unique about farming in this area is the seeming impossibility of using mechanical equipment on the steep slopes on which crops need to be grown. The height of the hills ranges from one hundred to five hundred feet and the slopes range from forty to fifty degrees. Farming is done on some slopes with as much as sixty degree slopage. To walk around on these hills is itself a thrilling experience, especially when one can see eighty to a hundred miles into the distance. On clear days one can look from Colfax, Washington into Idaho toward the east and to Oregon toward the southwest. To see the large combines in operation on these slopes seems all but impossible to believe.

The secret of this seemingly impossible method of

present Mennonite church in the Colfax community, now called the Onecho Mennonite Church. A Methodist group res these facilities with the Mennonites. (Right) Alvin Rubin hauling wheat to market. Wagons are equipped with brakes for safe passage over the hills.

(Left) The pastor of the Onecho Mennonite Church, P. D. and Mrs. Unruh. A fawn found by harvesting crew is bottle fed by Barbara Rubin.

farming is the use of heavy and expensive crawler tractors and combines with leveling devices, some of which adjust automatically and others which need to be adjusted by hand. By this means the huge implements are kept from tilting over when pulled across the steep slopes. Since wheat is one of the chief crops and since large combines are used to harvest wheat it is also necessary to truck the wheat from the fields. Here, too, a considerable amount of engineering skill is required to know how to drive trucks across the steep hills without upsetting since no leveling device has been invented for trucks. The inexperienced person riding over these hills finds it adventuresome, even thrilling, and, in some instances, hair-raising. Those who have lived in this community all their lives and have mastered the arts of farming under these conditions operate their farms in the same matter-of-fact way as do farmers in other parts of the world.

An historical footnote to farming in the Colfax area is the way in which old-timers talk about "the way we used to farm." When the Mennonite settlers first came to Colfax the area was devoted almost entirely to grazing land. They were among the first to break the virgin soil and put it to cultivation. Ten-horse teams were commonly used to pull old fashioned three-bottom plows. When it came to pulling the large combines, unbelievably large numbers of horses were used. The older men still living remember when twenty-four, twenty-seven, thirty-three, and even thirty-six head of horses and/or mules were hitched to the fourteen- to sixteen-foot combines. Usually there were six horses abreast and four or five six-animal spans with three lead horses, which were the only ones driven by lines. The driver sat on a specially built seat high over the machine and drove his "herd" of horses with a light cotton rope since it had to extend forty to fifty feet in front of the machine. Naturally, in those days the size of the acreages could not be as large as is the custom today with the use of mechanical equipment.

In addition to the chief crop, which is wheat, many of the farmers raise alfalfa for feeding purposes. Most of them use commercial fertilizer and some use nitrogen producing crops such as yellow clover, Austrian peas, and alfalfa. About half the farmers raise livestock, especially beef cattle. It is common for those raising cattle to have from twenty-five to a hundred head of white-faced cattle. Farmers are quite progressive in this area and use the results of the state college experimental station wherever practical. As in most other parts of the country, farming in recent years has been relatively prosperous. The farmers are up to date and farm houses generally modernly equipped. Because of the rugged contour of the land, the homes are generally snuggled in gulches and nestled against the sides of hills. Often they are not visible except from short distances. This sense of rural isolation is not a frustration to the native residents as it might appear to those who are dwellers on the prairie, but rather gives a sense of comfort and security.

The Mennonite settlement is located about twelve miles southwest of the town of Colfax, which has a population of about three thousand people. Most of the church members live within a three- to five-mile radius from the church. The local members of the community find their center of interest and activity in the local congregation. Here, too, is the chief media of expressing benevolent interests and the sense of concern of relief, home, and world missions. According to the 1952 yearbook, the average gift per capita rated among the highest in the congregations of the Pacific District Conference.

Study Guides and Program Plans on Mental Health

Based on the materials presented in this issue on "Mennonites and Mental Health," Myron Ebersole and Harold Vogt, administrator and psychologist of Prairie View Hospital, will present study guides and program plans to be used in study clubs, church groups, special services and various occasions, as a special feature in our next issue. This companion feature to this special issue will be an excellent tool for church leaders, ministers, and program chairmen of various groups. Don't miss it!

ALLIED RESOURCES AND AGENCIES

(Continued from page 139)

ss? A person who shows any of the following symptoms er a period of time may need psychiatric care.

1. Lives in a separate world, refusing to face his problems.
2. Has a delusion that people are persecuting him.
3. Has such severe "blues" that he is incapacitated.
4. Suffers agonies of indecision in making up his mind.
5. Has moods that swing like a pendulum between exhilaration and depression.
6. Insists he is ill although a thorough medical examination reveals nothing physically wrong.
7. Cannot sleep without medication.
8. Is excessively irritable, given to temper outbursts.
9. Loses interest in his appearance, his job, his family.
10. Talks feverishly, marathon-fashion, skipping from one subject to another.
11. Goes on spending sprees far beyond his means.
12. Is incapacitated by unfounded fears.
13. Hears or sees imaginary things.

Hospitalization

Voluntary admission by the patient in most instances the best procedure to follow. Some states require a gal commitment. If the patient is too ill to know what is doing certification by two physicians seems most tisfactory.

If the patient cannot be admitted to the hospital he ould be kept at home. The only exception would be e homocidal or violent person. The chief concern should his feelings. He still is an important member of the mily. Only in dire emergency should an officer of the w be permitted to take the patient to the hospital. he important approach is to get the patient to the spital under as normal circumstances as possible.

The patient's discharge is usually a gradual process. erhaps a day at a time can be spent at home. This may extended to an overnight period. Then a week or onth can be tried. The doctor must be convinced that e patient has regained enough emotional strength to old his own outside the institution. He may be out on a ial visit from three months to a year. He continues un- er the supervision of the hospital and may go back for eriodic check-ups. The social worker may visit the home see if there is a suitable environment to which the atient may return.

When the patient does return he should be welcomed s an important member of the family. He should be ncouraged in his desire for freedom and made to feel at, above all else, he is needed and loved.

Mental health for all the people is basically a com- unity problem. Many agencies and organizations must lay a part in the maintenance of mental health and e treatment of emotional illness. The four mental health professions include psychiatric nursing, psychiatric social work, clinical psychologist, and the psychiatrist. All of these are important. The allied professions, including the church, school and social agencies, likewise play a significant supporting role. What can each one of us do? It is this: to help our friends, relatives and loved ones to accept the fact that emotional illness should carry no stigma, to help the community not to condemn, punish, or reject persons needing help. The MCC Mental Health Service has demonstrated that it has a Christian health service which can help people with their everyday problems.

May God continue to bless this work.

FIFTY YEARS IN DAWSON COUNTY, MONTANA

(Continued from page 117)

with Mrs. John M. Franz as chairman and Mrs. Peter H. Unruh as secretary-treasurer. This group did a great deal of sewing for missionaries, later making quilts, various items of needle work, dresses, etc., to be sold at missionary sales. Great interest was also taken in collecting and shipping clothing for relief purposes. Annual mission festivals were also held. Since the year 1926 they have supported a Bible woman or a girl attending school in our mission fields.

The daily vacation Bible school which had been started in 1914 under the leadership of P. P. Tschetter has been continuing through the years and in 1952 sixty-five pupils were enrolled.

Ministers serving this church have been P. P. Tschetter, John M. Franz, John Bergen, David Schultz, J. C. Peters, A. P. Unruh, Jacob F. Sawatzky, Herbert Widmer and George Dick, who is serving at the present time. The church is located fourteen miles north of Bloomfield and two miles east of the Bloomfield-Richey road.

The First Mennonite Church, Glendive

Glendive is the county seat of Dawson County and the place where the youth of our community attended high school. Some of the younger people who took up other vocations than farming began to move to Glendive. Soon there were also farmers who retired and made their home there. In addition, many families moved to Glendive for the winter so that their children might attend school more conveniently.

When a number of Mennonite families lived in Glendive the Evangelization Committee of the Northern District Conference took action to meet the spiritual needs of these people. The committee met at the home of Chris A. Buller, September 30, 1947 together with the church board of the Bethlehem Mennonite Church. Thereafter the Glendive group met once a week for Bible study. In the summer of 1948 a hall was rented and a Sunday school organized. The Evangelization Committee asked Leonard Harder to take over the leadership of this group, which he did on June 13, 1948. The following summer on June 5 he was ordained to the ministry.

It was now felt that a church building was needed. A committee was organized and action was taken for the purchase of a lot and the construction of a church building. On December 12, 1948 the congregation met in the church basement to dedicate its new church building.

Until now the group had enjoyed the status of an outpost of the Bethlehem Mennonite Church. They assumed independent status on April 2, 1950 when thirty-six members signed the charter and hereafter constituted the First Mennonite Church of Glendive.

The women of the church organized a missionary fellowship March, 1949 devoting their time to such activities as making bandages, collecting clothes, making quilts, doing fine needle work, making baby layettes and toys for sale or for donations to various mission fields.

The new church is missionary minded and has enjoyed the fellowship of many passing missionaries. The pastor, Leonard Harder, has charge of the Gospel Light Broadcast given every Sunday at 4 p. m. over the Glendive radio station.

To briefly summarize the present situation of the Mennonites in Dawson County after a half-century we find that four Sunday schools have a total enrollment of 390, the churches enjoy a membership of 276 and 248 have been baptized. During this period 86 marriage ceremonies have been performed and 154 persons have died. At present one family is on the foreign mission field while two are occupied in the home mission area. The churches have provided three workers for the Mennonite Central Committee; five ordained ministers have come from Dawson County and several are now preparing for full time religious work. It is significant that three brothers—Willard, Verney, and Robert Unruh—have been or are in service abroad.

Books in Review

The Journal of George Fox, by John Nickalls, Cambridge University Press, 1952. 789 pp., $4.50.

Most Americans, if they are acquainted with the Quakers at all, know much more about William Penn than they do about George Fox, the founder of the Society of Friends. The *Journal* of Fox is revised by Nickalls to make it readable to the contemporary public and at the same time preserve most of the flavor and originality which a personal journal naturally has. This reviewer found the reading of the *Journal* intensely instructive but unfortunately not always exciting or inspiring. It is instructive in that it reflects the social conditions and the unChristian moral practices of the time and it shows how utterly fearless an evangelist Fox was. Reading Fox's *Journal* is a wholesome tonic to the timid as well as the super patriot because it reveals how creativity in religion comes through challenge of the conventional. In his continental travels Fox visited the Mennonites of Holland, particularly Galenus Abrahams, the well-known Mennonite minister of Amsterdam.

Bethel College —J. W. Fretz

Church Hymnal, by Mennonite Brethren Hymnal Committee. Hillsboro, Kansas: Mennonite Brethren Publishing House, 1953.

The new hymn book of the Mennonite Brethren Church has been edited by Herbert C. Richert and P. C. Hiebert, both of Hillsboro, Kansas. The all-over contents has been divided into eight sections: Worship and Praise, God the Father, Jesus Christ Our Lord, Holy Spirit, Holy Scriptures, the Church, the Christian Life, and Miscellaneous Selections. The styles of hymns, however, are not segregated into sections; that is, there is no separate chorale and gospel section. The stately *Groszer Gott, wir loben Dich* appears side by side with the *Holy, Holy, Holy is the Lord* by the gospel song writer, Fanny Crosby. In P. C. Hiebert's translation, *I Know of a River Whose Beautiful Stream,* we have an example of a hymn translated from the German which in turn had been translated from the English original. The editors have not limited the use of the book to their own churches by labeling the cover as a *Mennonite Brethren Hymnal,* rather they have simply called it a *Church Hymnal,* in dignified gold lettering.

Bethel College —Elvera Voth

The Geography of Hunger, by Josue de Castro, Boston: Little, Brown and Company, 1952. 337 pp., $5.00.

This volume is new in more than one way. Not only is it a new book, it presents a new thesis which has had wide discussion and deservedly so. The basic theme is hunger but de Castro uses the term "hunger" in a modern scientific sense to indicate not merely absence of food but absence of a balanced diet. He discusses the old Malthusian concern as to whether the population will not grow more rapidly than available food supply and discounts heavily the idea that if the under privileged and highly populated countries could raise their standard of living they would produce so many more children that it would be utterly impossible to keep abreast with the food supply. He points out how raising the material standard in every country reduces the birth rate rather than increasing it. He makes the very interesting point that deficient diets or under-nourished peoples have a higher fertility than the well-fed peoples and states. This, he observes is nature's way of insuring human survival.

Most of us are not expert enough to evaluate all the merits of the author's arguments but the volume is highly stimulating, in fact fascinating reading, and speaks eloquently to the great world problem of hunger in many countries.

Bethel College —J. W. Fretz

Songs of the Church, edited by Walter E. Yoder. Scottdale, Pa.: Herald Press, 1953.

This volume is a compilation of new and old hymns, a few German Chorales, chorus selections, and some gospel type songs.

The notation used is the shaped notes which, in my opinion, detract from the music unless one is familiar with this sight reading crutch. The quality of music ranges rather broadly from the mediocre to the superior.

One of the most interesting features is the relatively large amount of space devoted to American hymnody. The *Harmonia Sacra* is represented, as well as a number of hymns from contemporary Mennonite sources. This feature deserves commendation, as it is in this particular area that we as Mennonites still have to make a contribution to the literature of hymns.

Bethel College —J. W. Bixel

MENNONITE LIFE

An Illustrated Quarterly

Published under the auspices of Bethel College: Sam J. Goering, Chairman; Menno Schrag, Vice-Chairman; Arnold E. Funk, Secretary; Chris. H. Goering, Treasurer; Gerhard Zerger and Louis Janzen, members of the Executive Committee.

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Young People's Program Helps. prepared by the oung People's Union of the General Conference Men-nite Church, Newton, Kans.: Publication Office. (An-ıal Series).

These are series of lesson helps outlined for young eople's groups interested in studying such subjects as orship, voluntary service, social activities and the his-ry of the church. One group of programs in this series called "Faith of our Fathers." Each lesson contains a atement of purpose and a suggested program outline ith brief comments and bibliographical references all repared by Robert Kreider, dean-elect of Bluffton Col-ge. Young people's organizations have found it diffi-ılt to study Mennonite History from a standard volume ıurch history or text book; they will find this lesson elp series interesting and easy to adapt if they wish to ıange it. The series was done at the request of the Young eople's Union of the General Conference. It can be or-ered at 722 Main Street, Newton, Kansas.

ethel College —J. W. Fretz

Through the Year, by Helen Hiebert Mueller, New-n, Kansas: Board of Education and Publication, 1954. 94 pp., $1.50.

We Would See Jesus, by Anna E. Yoder, Newton, ansas: Board of Education and Publication, 1954. 85 ., $1.50.

These guide books printed by offset represent an an-ver to junior leaders and Christian Endeavor sponsors ho have been looking for materials and suggestions to nprove the programs for their group.

Through the Year is the first unit of a series of pro-ram helps for use with junior age children and it in-udes ten complete programs for special occasions such New Year's, Lent, Children's Day and seven other ays. The unit is replete with excellent poster suggestions, teresting stories and project ideas. The author, Helen iebert Mueller is an active retreat worker and is the ife of the former director of Camp Mennoscah at Mur-ock, Kansas.

We Would See Jesus is the second unit of this series and represents a twelve lesson study of the life and teachings of Jesus. An inspiring worship service accompanies each lesson and there are well-chosen stories for each program. Picture lists and hymn suggestions are helpful aspects of this unit. Miss Yoder is a retired elementary school teacher and a member of the Eighth Street Mennonite Church in Goshen, Indiana.

These books will prove to be a blessing and a help to our young people. The authors could have supplemented their presentations by including suggestions for audio-visual aids which are now available for use in our young people's programs. These books deserve wide circulation among our churches. Bethel College —Eldon W. Graber

For More Than Bread, by Clarence E. Pickett, Boston: Little, Brown and Company, 1953, 433 pp., $5.00.

For More Than Bread is an autobiographical account of the work of the American Friends Service Committee told by Secretary Emeritus, Clarence E. Pickett. The story is a straightforward accounting of a corporate witness to religious conviction and insight.

Covering, as it does, the two great crisis periods of world history in this generation, the Great Depression and World War II, the story retells this history from the vantage point of the spots of suffering and social unrest into which Quaker workers were called. Whether led to a tension area in the coal fields or milltowns of America or to any of the numerous opportunities for service in the wake of war--Spain, France, China, Germany, Poland, for example—the spirit of the testimony remains a common element in the pattern.

Another component of the testimony has been in the summoning of creative energy to understand basic causes of violence and social unrest, found in today's world and to promote those forces which tend to make for peace and understanding, a trained intellect to accompany the spirit. Here the struggle between the prophetic and the respectable waxes. American democracy is the stronger for encouraging this challenge of diversity in thought and action.

Wichita, Kansas —J. Lloyd Spaulding

Dedication

"Come unto me." Thus spoke our Master as He looked at the burdens that were crushing men's souls. And then, in a ministry of incalculable goodness, He bore our human griefs and carried our sorrows, helping people in trouble whether of body, mind or soul.

This same Christ also said "Follow me." And, quickened by His spirit, His followers are still reaching out to men weighed down by burdens too grievous to be borne. His spirit and example awakened the concern and gave the vision for this service to the mentally ill. His spirit inspired the sacrificial giving that made this institution possible. We have full confidence that He who has guided thus far will surely guide and bless the further unfolding of this labor of love.

In this confidence and in the name of Christ, we dedicate Prairie View Hospital, its halls and rooms and its whole setting of prairie, trees and flowers, to His honor and His purposes of love, praying that the healing power of this love may here have an opportunity to perform its perfect work. We dedicate all those who will serve here—administrators, doctors, nurses, attendants and all helpers—that with skill and understanding, and above all with Christ-like love and devotion, they may in His name serve the needs of those who may seek help.

We also dedicate ourselves to the task of supporting faithfully with our prayers, our interest, and our contributions of help and money this work begun in Christ's name. May this hospital succeed in combining high technical skill with fine sensitive understanding and a Christ-like spirit in its ministry to the mentally ill.

—Henry A. Fast

At dedication of Prairie View Hospital, March 14, 1954